

CHEMIST & DRUGGIST

The newsweekly for pharmacy

July 9, 1994

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THERE'S A NATURAL LEADER**

Colgate has long been Britain's leading toothpaste. And it will soon be leading the way to greater sales and profits for you. Because Colgate Bicarbonate of Soda Formula looks set to be the most significant launch in the market this year. Its £3.5 million TV and marketing spend will make sure it's soon the brand that's on everybody's lips. And as both the 50ml and 100ml sizes. And as your customers follow the leader.

COLGATE-PALMOLIVE WORLD LEADERS IN ORAL CARE

Welsh FHSA gets cash for home visits

NPA considers threat of mail order pharmacy

GPs push GMSC to reverse stance on generics

Communicating a new approach?

How to reclaim overpayments

Pharmacy wages hover around inflation level

Essex supplier branches out

Northumberland bids farewell and hello to Melia

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ARE THE LAST

them. In addition we're also sending out an educational information pack to dentists. There's more. We have 500,000 trial sizes available for your stores so your customers can try for themselves. And because our

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WILL STICK TO.



NEW FIXODENT DENTURE ADHESIVE

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Comment

Those in the south east who tune in to Meridian next Tuesday evening (July 12) will be treated to a *Which?*-style television analysis of the over the counter service provided by six community pharmacies in the Brighton area. "Customers" were sent in to buy, among other items, combination cough/cold products and Triludan Forte (the "customer" in this case an obviously pregnant woman). The outcome is, *C&D* understands, depressingly familiar, with the "customers" being sold medicines with few, if any, questions asked by pharmacists or their staff. Pharmacists cannot intervene in every sale, but they can ensure counter staff are trained to ask the right questions and educate them about the medicines they are being asked to sell. They may soon have to, and no bad thing it will be, if the Royal Pharmaceutical Society proposals for the qualification of counter staff are adopted.

The *modus operandi* of bogus customers and the ethics of such research is open to criticism, but that cuts little ice with the lay public, who see pharmacies failing to deliver. After all, the public (and the researchers) have certain expectations, having been led to believe by the profession's own PR machine that the pharmacy is a place with a resident healthcare expert where they can safely buy medicines without a prescription. Pharmacists in the UK do not have the complete monopoly over the sale of

medicines that their counterparts in parts of Europe enjoy. But there are still a substantial number of Pharmacy medicines — and they are generally the most effective — over which they do have sole rights. Monopoly is a dirty word in our consumer-oriented society, and pharmacists can only expect theirs to continue if they are seen to provide the supervisory safeguards that justify its existence.

Similar arguments can be extended to mail order dispensing, a subject that has been mentioned in disapproving tones much of late. The NPA Board can see no reason why it might become widespread in Britain in the future. That might be wishful thinking since some companies are already believed to be interested. It is not illegal, but it certainly is not pharmacy as any right-minded pharmacist would want to practice it. However, mail order has worked well enough for appliance suppliers, and if pharmacists cannot demonstrate the value of the personal contact at the point of supply then they should not be surprised if patients go elsewhere if the option is provided. But it would be a real own goal if a community pharmacy company, which should be promoting the benefits of shop-based NHS services, moved into mail order. That really would undermine the credibility of its own pharmacy-based dispensing services, and that of others, in the eyes of both the public and the government.

West Glamorgan LPC gains funding for domiciliary visits

A domiciliary visiting scheme for community pharmacists is getting under way in West Glamorgan.

Following a successful pilot project which ran through three pharmacies last year, West Glamorgan Local Pharmaceutical Committee has secured around £19,000 to expand the scheme to all 99 pharmacies in the county. The finance is provided by West Glamorgan Health Authority's Primary Care Development Fund.

LPC secretary Richard Griffiths is delighted that the bid has been successful. "We have invited every pharmacist to take part, but it is up to individuals to see if they want to," he says.

The initiative aims to help elderly, confused, special needs, terminally ill and housebound patients comply with their drug regime. Pharmacists can provide compliance aids such as monitored dosage systems and can initiate a review of medication, with the patient's GP, if compliance has failed.

GPs will refer patients to the District Services Unit which will contact a nearby pharmacist to undertake an initial domiciliary visit. This will last around half to one hour and during this time the patient's need for a compliance aid will be assessed. A further two supplementary visits may be

necessary. Beyond this, says Mr Griffiths, medication may need to be reviewed by the GP.

"Visits will be up to individual pharmacists, but ideally if we see that there are two to three patients needing visits, then locum cover will be arranged," says Mr Griffiths.

Pharmacists will be paid an initial fee, which will cover the cost of a locum, supplementary fees and a monthly fee for those patients using compliance aids. These will be provided by the Social Services.

As well as improving patient care in terms of medication

compliance, the scheme will ensure unwanted medicines are removed from the home and wastage is reduced through pharmacist-induced medication reviews. The scheme will run until the end of March next year and will be evaluated by the District Services Unit.

GPS kick generic substitution into touch

The go-ahead for generic substitution by community pharmacists may have been halted by GP opposition.

The Local Medical Committees' annual conference has instructed

the General Medical Services Committee of the British Medical Association to reverse its generic substitution policy (C&D March 26, p500). This decreed that substitution of a branded drug by

Pharmacy services satisfy

Pharmacy services in Argyll and Clyde meet with customer satisfaction, according to first results from a survey of residents.

A questionnaire was sent to 800 people in the area by Argyll & Clyde Health Council, asking about things like accessibility, confidentiality and unwanted medicines disposal.

Expansion of pharmacy services was also covered, with patients asked if they wanted health screening, collection and delivery services, and pregnancy testing to

be made available. Patients were also asked to give a general service rating.

The chief officer at the Health Council, Christine Campbell, says the survey was designed to test people's knowledge of pharmacy and to determine patient acceptance of the changing role of pharmacies. "With primary care targeted for expansion within the NHS, it makes sense that this role is expanded," she says.

The full results of the survey are expected in September.

its generic equivalent can occur when a prescription is dispensed, unless the GP indicates otherwise.

According to reports in the medical Press, there are fears that this "ill-conceived" policy is dangerous for patients as generic control in the UK is not strict enough. Emphasis should be on quality, not cost-led prescribing, say LMC representatives.

Colette McCready, head of information at the National Pharmaceutical Association, says: "The GMSC's decision to allow generic prescribing was much more of a surprise than the decision to reverse it."

A spokesman for the Association of the British Pharmaceutical Industry says: "Their decision is a confirmation that grass roots GPs are dead against substitution."

• Department of Health guidance that GPs can write private prescriptions for NHS patients was also condemned at the conference for urging GPs to break their terms of service.

NAHAT offers 'Innovations in practice'

Pharmacists are being asked to enter the "Innovations in Practice" award scheme, run by the National Association of Health Authorities and Trusts, and Britdoc, the mail services division of Hays plc.

The scheme aims to improve standards for patients by developing projects which produce cost and time savings. These can then be redeployed elsewhere within the NHS.

Entry categories are: community care, primary care, health authorities and NHS trusts. Anyone working on projects within the NHS is eligible.

Winners from each category will share grants totalling £15,000 and the closing date for entries is April 1, 1995.

Entry packs are available from: Britdoc, Innovations in Practice, Freepost SL957, Iver, Bucks SL0 0BR. Tel: 0753 630630.

Tour de France threatens gridlock in Kent

The *Tour de France*'s route through Kent was due to create havoc to drug deliveries last Wednesday as C&D went to Press.

The consensus among wholesalers was "We are playing it by ear", but with many roads shut for hours before and after the cyclists pass by, delays were

thought to be inevitable.

Unichem, for example, were not planning a morning delivery, while their afternoon run had to be put back. AAH, on the other hand, were "trying something in the morning".

Numark wholesaler Sangers (Maidstone) were putting on a

brave face. "Our drivers will try to get through — if not in the morning, then in the afternoon." Nobody at Barclays was available for comment.

The message was clear. The only people going anywhere were the cyclists. An alternative for the delivery vans, perhaps?



Medicines dispensed but no pharmacist

Prescription Only Medicines were dispensed at a Wolverhampton pharmacy in the absence of the pharmacist. Wolverhampton magistrates court heard last month.

The medicines were dispensed at David Meddings Ltd in Penn last August when the owner was away on holiday.

Paul Shaw, defending, said that superintendent David Meddings had taken on locum pharmacist, Arthur Stocks, while he was away. But on August 18, 1993, Mr Stocks (who has since died) failed to turn up when the Warstones Road pharmacy opened at 9am.

Mr Shaw said that dispenser Susan Whitehouse provided medicines not on the general sale list when presented with scripts by two people she knew. She was subsequently dismissed.

The court heard that the offences came to light when a Pharmaceutical Society inspector was sold Veganin tablets.

The firm admitted to eight offences and was fined a total of £1,650. It was also ordered to pay the £1,700 costs of the Royal Pharmaceutical Society, which brought the charges.

The case has been referred to the Statutory Committee.

Macara slams NHS reforms

"There is despair about the mood of alienation and demoralisation in the NHS," chairman of the British Medical Association Dr Sandy Macara told delegates at their annual conference this week.

In a stinging rebuke of the Government's NHS reforms, Dr Macara said the "huge national experiment has failed them and failed the nation".

Within the reforms, co-operation had been supplanted by

commercial competition which served a "perverse philosophy of winners and losers", he said.

He likened treatment to a "national and local lottery" where business plans override clinical priority. In the meantime, misleading information is peddled to distract patients' attention from the real needs.

He reaffirmed the BMA position as a leader in "reforming the reforms, in healing the wounds..."

CPPE soothes the wounds

Wound management is the topic for national discussion in the Centre for Pharmacy Postgraduate Education Autumn package.

Assistant director Jennifer Archer says: "We have had so many requests from community pharmacists to develop their skills in this area."

Pharmacists can book a place at one of 110 workshops running between September and December using the brochure being distributed next week. The distance learning catalogue will be mailed separately in August.

- Pharmacists who are unable to attend a pre-booked workshop are being encouraged to use the CPPE's 24-hour answering machine to cancel their place.

Diet products target of Mahon's Bill

Diet products would be subject to new regulations under a Private Member's Bill introduced in the Commons last week by Alice Mahon, a Labour backbencher.

She said it would bring weight loss pills, potions and patches within the Medicines Act. Attacking the "tyranny of thinness", she said 90 per cent of women dieted at some time during their lives.

The Bill was criticised by Michael Fabricant, a Conservative backbencher, who said it sought to restrict *bona fide* slimming products.

The Bill, which has virtually no chance of becoming law, is due for a second reading on July 15.

NPA Board seeks to allay mail order medicine fears

There is no reason why mail order dispensing might become widespread in Britain in the foreseeable future, says the National Pharmaceutical Association after its Board meeting last week.

Medicines by post are big business in the USA, and in Europe experimental systems are being set up in Holland and Norway.

Although mail order pharmacy would be cost neutral under existing UK arrangements, it might be seen by patients as having advantages of additional confidentiality and convenience.

The NPA is to approach its counterpart organisations in other countries to see if pointers could be gained from their experiences.

Payment for patient compliance
The Board has approved a document for use by pharmacists seeking funding from the Social Services for medicines in cassettes for patients who would benefit from the service. The proposal builds in relevant costs and a protocol for good practice. It is available free of charge.

The Pharmacy Mutual Insurance Co PMI returned to overall profit

last year. There are no plans for an increase in business insurance rates, although homes rates are under review.

P&GPS membership Some 130 new members joined the Pharmaceutical and General Provident Society during 1993, while 88 members withdrew.

Third party claims There was an overall increase in the number of claims against NPA members' third party cover during 1993. The Chemists' Defence Association was particularly concerned about the rise in dispensing errors and avoidable accidents in and around members' pharmacies.

Which? attacks Boots' stance on generic ibuprofen

After last month's slating of pharmacy supervision, *Which?* is still focused on the profession. This month it's Boots' turn.

The magazine criticises the company for refusing to stock generic ibuprofen. A researcher visited five Boots' stores to be told in every case that Boots did not stock generic ibuprofen. In 60 per cent of cases, the researcher was offered Nurofen, marketed by Boots' subsidiary company Crookes Healthcare.

Although Boots' staff offered to order the generic equivalent, researchers were told it could take two to three days to arrive. In contrast, generic ibuprofen was

easily available from the five independent pharmacies visited.

Pointing out the connection between Boots and Crookes Healthcare, the advice from *Which?* is: "Try another chain or an independent pharmacy if you want cheaper ibuprofen. Our message to Boots — give your customers a fairer choice."

A Boots' spokesman commented that generic ibuprofen is not stocked in stores because there is no consumer demand.

"Generic ibuprofen represents 5 per cent of the ibuprofen market and less than 1 per cent of the total analgesics market," she said.

NI figures

Some 1,437,962 prescriptions were dispensed in Northern Ireland during April at a total net cost of £12,765,666. The gross cost per prescription was £9.22 while the net ingredient cost was £7.61.

Down's book

A booklet for worried parents has been produced by the Down's Syndrome Association, because so much commonly given advice is ill-informed. Topics covered in "Your Baby has Down's Syndrome" include the shock, anger, sorrow and other emotions a parent may feel, the health problems to expect and the causes of Down's. Details from 081-682 4001.

Exchange increased

A further eight pharmacies have joined Cornwall and the Isles of Scilly's needle exchange scheme, to improve the accessibility of the service across the region. Over 2,000 packs were given out in 1993.

Blacklist update

Advice on seven of the proposed blacklist categories has been given to Health Minister Dr Brian Mawhinney by the Commons Select Committee on Health, says a report in last week's *Pulse*. He is said to be keen to publish "an almost complete list of the drugs to be blacked". Oral contraceptives have not been discussed with the Health Minister.

Bed sores

An information leaflet on pressure sores for patients and carers is now available. "Your Guide to Pressure Sores" is available from the DoH Literature Line on 0800 555777.

Dispensing doctors

Dispensary staff for dispensing doctors do not require training or qualifications, Health Minister Dr Brian Mawhinney has confirmed in a written reply to a question from Labour's Shadow Health Secretary David Blunkett.

Transplant week

A study is being conducted to discover why many families refuse to allow organs to be taken from their relatives when they die. During National Transplant Week, July 25-31, people will be encouraged to talk to their families about the use of their organs.

Cosmetic Ecolabel

Around three-quarters of people surveyed believe that animal tested cosmetics and toiletries should not be awarded the European Union Ecolabel, says the British Union for the Abolition of Vivisection. The UK Ecolabelling Board, however, will award the label to animal tested products.



Nothing like a real smacker!

A few years ago, I stocked a range of permanent lipsticks called Colorsport which, like many new products, initially sold like hot cakes, but then slowly died through lack of support. This was a shame because it was only a small range and was popular with many mature ladies who preferred the permanency of the colour. The lipsticks were certainly not lightly marketed as lipstains!

Recently I was re-introduced to the range by a new, enthusiastic representative and the promise of a novel marketing approach. I was persuaded to purchase a fairly large quantity of a sale or return promotional pack to retail at 99p. This was to be sold only on production of a special coupon which was being distributed door to door, with stockists listed by name in local newspaper advertising.

I have to admit to a high degree of scepticism over the promised response rate, so I was cautious in my purchasing. Three repeat orders later I have had to eat my words. The response has been phenomenal and I have sold literally hundreds of these lipsticks.

By cosmetic standards, the profit on return is poor, but if

only 10 per cent of those who have sampled the product make return purchases, then I will have generated much-valued goodwill and Colorsport will once again have established itself with a vengeance on my cosmetic counter.

I look forward with interest to the inevitable period next year when sales are sluggish to see what new innovative approach Colorsport takes to maintain its hard won market share.

The traditional things in life ...

Dotty often accuses me of being a traditionalist, which I suppose is a nice way of calling me an "Old Fogey". But us Old Fogeys cling on like limpets to old-fashioned things, until eventually forced to give way to the march of time or, in the case of old-fashioned products in the shop which are nevertheless firm favourites with my more mature contemporaries, continue to stock them until they are discontinued by the manufacturer.

I have often mourned the loss of these products, mostly medicinal remedies, but my faith was restored this week with news from a most unexpected quarter. Mason Pearson have decided to re-introduce "by public demand" their wooden-backed brushes (C&D July 2, p8). These are the Rolls-Royces of hairbrushes and I have always had a steady sale for them, watching with interest as succeeding generations of families bought them for their children and grandchildren alike.

Many years ago, when the whole of society "went modern", the wooden backs were discontinued in favour of plastic, but sufficient of us Old Fogeys have survived to persuade this world-renowned firm to restart production.

I will certainly be at the front of the purchasing queue and will take pride in once more selling a prestigious brush, and enjoy inflicting one small dent in the fortressed ranks of bland uniformity that have become the dominant feature of our mass market modernity.

A sense of déjà vu

The drum roll of extra services never seems to diminish, but however worthwhile the project, the one universal message is that there will never be a penny more to pay for my extra time. Two more instances surfaced this week, with suggestions that pharmacists should supervise the taking of daily doses of methadone by addicts (C&D July 2, p6) and that we should also take on the responsibility for repeat prescribing (C&D July 2, p4).

I am all in favour of both these suggestions, as they will benefit enormously both client groups, but the statement that we are already sufficiently well paid to supervise addicts at £3.25 per dispensing (£2.14 by my calculations) once again does nothing to recognise the heavy responsibilities pharmacists willingly accept every day of their working lives. I deal with five registered addicts and the £10 I am paid per day to minister to their needs is money well earned. I would expect at least another £1 per head before accepting the additional job of supervising the consumption of each daily dose.

As for repeat prescriptions, the enormously increased workload necessary to properly safeguard patient safety and confidentiality would require a large injection of cash before I could realistically assume this responsibility. Ideally that cash would come from the savings achieved by the surgeries and the resulting efficiencies could then improve funding to both professions.

But I lost faith in idealism long ago. As soon as repeat prescribing becomes a realistic probability, then our more commercially-minded brethren will once again offer their services for free, I will have to compete, and once again the Treasury will become the principal financial beneficiary.

Community posts interest

Mid-Glamorgan Family Health Services Authority has received a number of enquiries concerning its four posts for part-time primary care pharmacists (C&D June 18, p1028).

Mid-Glamorgan's FHSA pharmaceutical advisor, Andrew Burr, says pharmacists are being given a chance that is unprecedented. He stresses that the positions can be negotiated to suit and hopes contractors and employees will apply.

Successful applicants will be required to undertake a Diploma in Community Pharmacy at the University of Wales, funded by the Welsh Office, as part of the Prescribing Support Project.

Candidates are expected to "have demonstrated a commitment to professional development". Salary is based on Grade D hospital pharmacy pay scale, although this is negotiable.

'IQ' vitamins support

The controversial claim that vitamin supplements improve IQ in children with deficient diets won support from a former detractor recently.

Healthwatch, a group of UK doctors and scientists, which has strongly opposed the connection between vitamins and IQ in the past, has reversed its stance.

"There is a connection between the taking, by some children, of vitamin and mineral supplements and the raising of non-verbal IQ," reads a Healthwatch statement.

This is a result of the group having to pay out a four-figure sum libel settlement to Larkhall Natural Health, manufacturer of Tandem IQ vitamins.

Last Autumn, Healthwatch's newsletter stated that there was no connection between raised IQ and children's vitamin supplements. The organisation now admits that comments made in that publication about Larkhall and its managing director, Dr Robert Woodward, "were untrue and defamatory".

Another bomb hoax

Another Boots' store in the Plymouth area has been the subject of a hoax bomb call (see C&D June 4, p929).

The call was made on June 20, the opening day of Boots' new Newton Abbot store. The building was evacuated, but no bomb was found. The anonymous caller claimed to be from an animal rights activist group.

Topical REFLECTIONS

BIG BRANDS FOR LITTLE PEOPLE



Major brands for many children's conditions are from Warner Wellcome – brands such as Benylin, Calpol, Abidec, Drapolene and Lyclear. All brands that mums trust and can be recommended with confidence.

Thus, Warner Wellcome is committed to providing continued and comprehensive support and information on these brands to all health professionals in direct contact with mothers and their children – yourselves, doctors, health visitors and midwives.

At the same time, Warner Wellcome will be advertising to consumers – through national media and specialist baby publications – to ensure they are aware of these brands, their reputation and the conditions they treat.

And where to obtain them. In the pharmacy. Because, as you know, mothers with children are central to your business – forming 80% of customers in the pharmacy. The more they come to you, the greater your business opportunities.

Warner Wellcome, together with you.

Warner Wellcome

CONSUMER HEALTHCARE

Strength and commitment together



MILDLY
ASTRINGENT
MILDLY
ANTISEPTIC
NEUTRAL PH
WITH A NATURAL
INGREDIENT

There's more to Optrex than meets the eye.

COMPOSITION: Optrex Lotion and Drops: Solution containing distilled water, glycerine, Preserved with benzalkonium chloride 0.005% w/v in a mixture of citric acid and boric acid. **Uses:** For the relief of minor eye irritations caused by cold, atmospheric driving or close work. **Dosage and Administration:** Gaze slightly forward, apply the eye bath, $\frac{1}{4}$ full, and rock gently for at least 1 minute keeping the eye lid open. Use as often as necessary. **Contraindications:**



Hypersensitivity to any of the ingredients. Not suitable for use whilst wearing hydrophilic (soft) contact lenses. **Side Effects:** May occasionally cause hypersensitivity reactions. **Packaging Quantities:** Lotion: Bottles containing 110ml and 300ml. Drops: 10ml and 18ml. **RSP:** Lotion 110ml with eye bath £2.75. Lotion 300ml £2.35. Lotion 300ml with eye bath £3.99. Drops 10ml £2.25. Drops 18ml £2.85. **Legal Category:** Lotion: GSL. **Drops:** P. **Product Licence Number:** Lotion: 0062/5000. Drops: 0062/5003. **Product Licence Holder:** Crookes Healthcare Ltd. Nottingham NG2 3AA. **Date of Preparation:** April 1993.

The vision of the future

Script specials

Asacol foam enema — a first for ulcerative colitis

Asacol (mesalazine) is the first non-steroid to be formulated as a foam enema for ulcerative colitis. It combines clinical efficacy with a low incidence of side-effects, according to Smithkline Beecham.

Clinical trials indicate it is more effective in treating ulcerative colitis than a steroid foam. In a recent trial of 295 patients with active distal ulcerative colitis, those treated with Asacol foam enema (2g nocte) achieved a significantly higher remission rate — 52 per cent compared to 31 per cent — than those using prednisolone foam (20mg nocte). Clinical remission was defined as ≤ 3 stools per day, with no blood after a period of four weeks.

The foam has been shown to spread up the bowel as far as the splenic flexure in most patients, comparable to the spread seen with 100ml liquid enema. Steroid foam enemas have been found not to spread beyond the rectum and the sigmoid colon, say SB.

Patients are said to prefer foam

Britaject 5ml

Britaject, a licensed apomorphine preparation for the management of refractory motor fluctuations in Parkinson's disease, is now available in 50mg/5ml ampoules (£79.75 basic NHS). Britannia Pharmaceuticals. Tel: 0737 773741.

Eprex syringes

Cilag Biotech are introducing Eprex (recombinant human erythropoietin) in pre-filled syringes to accompany the existing vial presentations. The product is indicated for the treatment of anaemia associated with chronic renal failure in paediatric and adult patients on dialysis. The syringes will be available in packs of six, each containing 1,000iu/0.5ml (£55.35 basic NHS), 2,000iu/0.5ml (£108), 3,000iu/0.3ml (£160.65), 4,000iu/0.4ml (£213.30) and 10,000iu/1ml (£529.20). Cilag Biotech. Tel: 0494 563541.

No credit

Pharmacists will not be credited for any difference in the value of stock held of Otosporin ear drops following the July price reduction (C&D June 25, p1086). The Pricing Authority will not reflect the lower price until August 1. Wellcome Foundation. Tel: 0270 583151.

preparations over liquids because they are easier to retain and interfere less with daily life.

Manufacturer Smith Kline & French Laboratories, Welwyn Garden City, Herts AL7 1EY.

Description White aerosol foam containing 1g mesalazine per metered dose.

Uses Treatment of mild to moderate acute exacerbations of ulcerative colitis. The foam enema is particularly appropriate in patients with distal disease.

Dose Adults: for disease affecting

the rectosigmoid region, one dose of 1g a day for four to six weeks. For disease involving the descending colon, 2g once a day for four to six weeks.

Contra-indications, etc As for other mesalazine preparations — see Data Sheet.

Packs Cartoned cans, each carton consisting of a can containing 14 metered doses, plus 14 disposable applicators and 14 disposable plastic bags (NHS price £36.60).

Legal category POM.

Product licence 0002/0222.



Medical Matters

Cold seal blisters for MDS

Panel Design are offering cold seal blister packs for monitored doses. The packs require no heat or machinery to seal them and can be manufactured to specific sizes and configurations.

The packs consist of a cardboard wallet which includes a

paper/foil membrane and two adhesives coatings, and a PVC tray with 28 cavities. After removing release papers to expose the adhesives, the tray can be inserted into the wallet and loaded. A tamper-evident, moisture proof seal is achieved simply by

Role of bran in IBS questioned

A high-fibre diet, the treatment most commonly recommended for irritable bowel syndrome, can make the condition worse, say researchers from the University Hospital of South Manchester.

Doctors questioned 100 new patients and found 55 per cent of them were made worse by bran. Only 10 per cent found it helpful.

With the exception of fruit, other forms of dietary fibre were largely neutral in effect, and proprietary supplements were found to be beneficial.

Over the last 20 years, it has

become routine practice for bran or a high-fibre diet to be advocated for IBS. The recommendation is based on the theory that IBS is caused by fibre depletion, minimal evidence that bran has a therapeutic value and the erroneous assumption that fibre is an inert substance that does not vary according to its source, say the authors in this week's *Lancet*.

The authors suggest patients should judge for themselves whether bran is useful, and if not, consider reducing its intake.

Galfer syrup for iron deficiency

Galen are launching their Galfer iron preparation in a syrup formulation.

Galfer Syrup (300ml, £4.86) is a peppermint/chocolate preparation containing 140mg ferrous fumarate per 5ml (equivalent to 45mg iron).

The sugar-free syrup is indicated for the prophylaxis and treatment of iron deficiency anaemia. It is suitable for adults (10ml once or twice a day before meals), as well as children and full-term infants (2.5-5ml once or twice daily). It should be taken before meals.

Iron preparations are contraindicated in patients with active peptic ulcer, enteritis and ulcerative colitis. Duration of treatment should not exceed three months after the correction of anaemia has been achieved.

Absorption is impaired by antacids, tea, eggs or milk. Tetracycline and iron reduce the absorption of each other. Chloramphenicol delays plasma iron clearance and incorporation into red blood cells.

Galfer Syrup is a Pharmacy medicine. Product licence 0440/0054. Galen Ltd. Tel: 0762 334974.

folding the wallet in half.

The system has a Class B designation, which means that no pack exceeded 5mg per day average moisture permeation rate during tests.

The system is not available through wholesalers, and Panel Design are waiting to assess demand before fixing a price. However, it is likely to be around 15-20p per card, depending on volume. The company is not stipulating a minimum order at present, although the cards will be packed in outers of 50.

Pilot studies are under way within hospital pharmacies and the company is keen to hear from community pharmacies interested in participating in the trial.

The Royal Pharmaceutical Society is currently pressing for a British Standard to be introduced to cover all aspects of monitored dosage systems and their use.

Panel Design's main business until now has been producing packaging for clinical trials. Panel Design. Tel: 0270 841167.

Counterpoints

Aromatherapy made easy by Yardley

This month sees the launch of Yardley's Aromatherapy line of pre-blended oils in three ranges — Revitalising, Calming and Sensual.

The Aromatherapy Collection includes Massage Oil, Massage Lotion, Soap, Bath Oil, Bath Foam, Shampoo and Shower products.

With prices ranging from £1.49 for the Soap and the Bath Oil, to £2.99 for the Shower Gel, Creme and Cleanser, the Collection is arguably Yardley's first major foray into the mass market.

All products contain between 1 and 1.5 per cent

pure essential oil and so can have a genuine aromatherapeutic effect on the mind and body, the company claims. But coming ready-blended, Yardley say they have eliminated the risk of misuse and made aromatherapy accessible.

The three ranges have been colour-coded to allow easy customer identification.

The Revitalising range with rosemary is formulated to revive and uplift, and comes in shades of aqua green.

Calming with sandalwood will soothe and relax, and is available



Scholl springs 753

Scholl have launched 753 support tights for women exclusively to pharmacies as a remedy for everyday tired legs and swollen ankles.

The sheer, lightweight, graduated support tights are called 753 in reference to the pressure points on the leg — seven millimetres of mercury at the ankle, five at the calf and three at the thigh.

The range contains Lycra 3D, which Scholl say makes the hosiery soft and better fitting. This, together with their sheer appearance, means that only the wearer knows they are support hosiery.

The colours are black, sand, honey and dove, available in medium or large at £4.49. They are not available on the Drug Tariff.

A pharmacy display unit is available and a national advertising campaign and consumer sampling are planned towards year-end.

Scholl say that 753 hosiery could target the 11 million sufferers of tired legs who have not so far sought treatment. **Scholl Consumer Products Ltd.** Tel: 0582 482929.

Bigger tube for Blisteze

in Cream is now in a 5g tube. By market share has increased Blisteze

tube, retailing at £1.69, will enhance sales of Blisteze further.

The launch of the new tube size has been timed to coincide with both the Summer and holiday seasons, important sales periods for cold sore and

lip care products.

It is supported by new wing packaging, a special display unit, cinema advertising and campaigns in the teenage, women's and national Press. **Dendron Ltd.** Tel: 0923 229251.

New deals on Pur teats

Three silicone teats for the price of two is the latest deal for consumers on Pur from Jackel International.

A new display tray holding 15 "three for two" cards of teats in newborn, baby and toddler sizes is currently available at a price of £14.85 per pack.

A separate display box holds designer bottles which each include a free silicone teat. The four 125ml, four 250ml and four twin packs are available at £19.04. **Jackel International.** Tel: 091-250 1864.

Infadrops for babies

Goldshield Healthcare have launched Infadrops, a concentrated solution of paracetamol for babies.

The sugar-free paracetamol solution is concentrated (100mg/ml), allowing administration of more accurate doses and smaller more acceptable quantities to the child.

Each pack has its own dropper in a sealed bag which allows easy but

Eye care boost

Crookes Healthcare are looking to boost the eye care market with a £2.5 million promotional package for their Optrex brand.

The package includes ads that highlight everyday situations which cause sore eyes: driving, use of VDUs and atmospheric pollutants. The campaign will be backed up by the

production of a new leaflet, "Be Eye Care Aware". This gives practical advice and a question and answer guide to eye problems.

Recent research carried out for Crookes indicates that 43 per cent of people normally purchase Optrex through independents.

Crookes Healthcare Ltd.

Tel: 0602 507431.

Medicines display

Sterling Health have updated their space management package for independents with fresh advice for displaying P and GSL medicines.

They suggest bringing GSL products forward in front of the counter and include suggested layouts in their updated package "Asset or Liability".

An eight-page section looks at the display of OTC analgesics and digestive

remedies, emphasising blocking products together by category to help customers and assistants.

• The company is also running a pharmacy assistants' competition with £25 Marks & Spencer gift vouchers up for grabs.

To win, assistants have to pick out five examples of poorly merchandised shelves from a photograph. **Sterling Health.** Tel: 0483 65599.

"I'll make your cash register ring."



Now can I ask a favour?

This actress is appearing in a multi-million-pound consumer campaign for Canesten 1 pessary. Added to Canesten's prescription heritage and its already dominant position in the market, this campaign is bound to increase your sales. Now, there is one problem you can help us with.

We've found out that many thrush sufferers use just one kind of Canesten, the 1% Cream, designed for external use only. But first and foremost, they need to treat the cause of thrush, which as we know is inside the vagina. The one to recommend for that is Canesten 1 pessary (or 10% VC, for women who have vaginal dryness problems). It starts working immediately and clears all the symptoms within three days.

So please recommend Canesten 1 pessary – and display our point-of-sale materials prominently.

Canesten® 1 Pessary
CLOTHIMAZOLE VAGINAL TABLET

Treat the cause, not just the itch

Product Information

Presentation Canesten 10% VC is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream. Canesten 1 is available as a single vaginal tablet containing 500mg clotrimazole and an applicator in which to place the tablet for insertion. **Use** Candid vaginitis. **Usage and Administration** Canesten 10% VC. Adults. Insert the contents of the pre-filled applicator intravaginally, preferably at night. Children. Since both of these products are used with an applicator, paediatric usage is not recommended. **contra-indications** Hypersensitivity to clotrimazole. **Side-effects** Rarely patients may experience local mild burning or irritation immediately after inserting the cream. Hypersensitivity reaction may occur. **Use in Pregnancy** In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental Oral Ingestion** In the event, toning measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions** Canesten 10% VC. Do not store above 25°C. Canesten 1. No special storage precautions are necessary. **Legal category** P. **Retail Selling Price** £5.95 for each product. **Product Licence Number** Canesten 10% VC, PI 0010/0136. Canesten 1, PI 0010/0083. **Date of Preparation** August 1992. **Further information available from** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG13 1JA

Bayer 

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Innoxa rationalises for the Nineties

Sensitive skin care brand Innoxa, which has a heritage stretching back to the late 1920s, has a new look and line-up to meet the needs of today's consumer.

Now under the Network Management umbrella (the company acquired the brand two years ago), the new range has been rationalised to just ten products, replacing the old range of 23. It is divided into three categories: cleansing, moisturising and body care.

Of the new range, eight products are reformulations, while the Moisturising Lotion and Facial Wash are new. The sensitive message of the brand is reinforced by the exclusion of fragrance, mineral oil and lanolin from the formulations.

For cleansing, there is Deep Cleansing Face Mask (£3.99), Gentle Facial Scrub (£3.49), Vital Foaming Wash Gel (£3.99), Gentle Cleansing Milk (£3.49) and Revitalising

Toner (£3.49).

For moisturising, there are two products: Effective Moisturising Lotion (£3.99, which is also available as a cream at £5.49) and Moisture Enriched Night Cream (£5.99).

For the body, there is One & All Hand Cream (£2.99) and Free and Easy Roll-On deodorant (£3.49).

To coincide with the relaunch, Innoxa is teaming up with the charity Elefriends in a new fundraising promotion. Together they have produced a white body in cotton/lycra mix, which will cost £11.99, of which 25 per cent (£3) will go straight to the charity.

Network Management Ltd. Tel: 0252 29911.

Guerlain take a tint

Guerlain have extended their Odélys skin care range for sensitive skin with Tinted Perfect Care, a light foundation. It gives natural colour as well as protection from "damaging environmental conditions", ie UV and infra-red rays.

Available in four shades, Tinted Perfect Care is presented in a 50ml tube (£18.50) and is on counter from August. **Guerlain Ltd. Tel: 081-998 1646.**

Petites back again

Nourishment Petites, the handy size packs of softening cream for nails and cuticles, will be re-launched in September by Develop 10 after an absence of three years.

The packs (22ml, £1.40) contain a rich, water-based cream with essential proteins, vitamins and natural emollients, such as

jojoba oil and aloe vera. The cream is claimed to leave no residue which allows Develop 10's Program for Strong Nails polish to be applied immediately afterwards.

Supplies and counter displays are available direct from Grafton. **Grafton International. Tel: 0543 480100.**

2-in-1 colour cosmetics from Cover Girl

The trend for 2-in-1 products has finally reached colour cosmetics, with Cover Girl's Ultimate Finish Liquid Powder Foundation.

The new cosmetic applies and blends as easily as a liquid foundation and then transforms to leave a soft, powder finish.

The secret of the new formula lies in the emollients being held in a combined wax/powder matrix, like water in a sponge. On application,

the wax matrix melts, allowing the foundation to flow evenly. This then dries to leave a fine covering of powders and silkeners for a matt complexion.

Presented in a black, mirrored compact with gold graphics, it comes in four shades (Creamy Natural, Fair, Natural Beige and Creamy Beige) and retails at £4.99. **Procter & Gamble (Cosmetics & Fragrances) Ltd. Tel: 0202 524141.**

In your element

Eurocos, the recently set up prestige fragrance arm of Procter & Gamble, are launching a new men's fragrance from Hugo Boss called "elements".

Boss elements attempts to capture perfume notes from all four elements — so an aromatic blend of juniper, tarragon, thyme and armoise represents "earth", while sandalwood, cedar and oakmoss denote

the warmth of "fire". The bottle itself represents both earth and water, say Eurocos, in its sculpture of glass set in a bed of rock. The metallic copper of the outer cartons symbolises the earth's core element.

The September launch will be supported by a £860,000 media and sampling campaign, while a total £2 million will be spent on the brand over the next 12 months.

The range includes: 50ml after shave (£19.50), 50ml edt spray (£25) as well as a full line of grooming products priced from £12-£39. **Eurocos. Tel: 0202 524141.**

Wild over relaunch for Musk

Beauty International have relaunched their successful mass market fragrance, Wild Musk.

Originally launched back in the early Seventies, Wild Musk is having a face-lift, as well as a new advertising campaign. The repackaged range features 15ml and 25ml eau de toilette sprays (£5.95 and £7.50 respectively) as well as a 150ml body spray (£3.95). Wild Musk is consistently the best-selling variant of Beauty International's body spray range. **Beauty International. Tel: 0734 302302.**

Givenchy target teens

Givenchy have introduced Fleur d'interdit, a new fragrance for the younger perfume wearer.

Designed for 14-16-year-olds, the fragrance owes its name in part to Givenchy's first fragrance, L'Interdit, a scent created for the actress Audrey Hepburn.

However, this perfume is different — a fruity floral described as "an armful of

fresh flowers gathered in the garden in Spring".

Packaged in a frosted glass bottle with inlaid floral lace-work, the range is small and at modest prices: 50ml eau de parfum (£16.50) and 100ml eau de parfum (£25.75). On counter from September 14, exclusively to Boots until January 1 1995. **Parfums Givenchy Ltd. Tel: 0932 245111.**



A perfume from Provence

Crabtree & Evelyn's latest fragrance was not only inspired by the beauty of Provence but also made in France. The UK-based company now has a manufacturing site in Alsace.

Jasmin de Provence is a

highly concentrated eau de toilette which makes it long-lasting. The jasmin note is blended with white lily and ylang ylang for a white floral scent.

The product line comprises: eau de toilette (£14.95), cream bath

(£10), shower and bath gel (£6), body lotion (£7.25), body cream (£12.50), triple milled soap box (£6.75 for three soaps), soap (£1.00) and talcum powder (£5.25). **Crabtree & Evelyn. Tel: 071-603 1611.**





Pepcid® AC is Britain's first OTC H2 antagonist, giving you - the pharmacist - important new power to liberate your customers from the pain and discomfort of heartburn, dyspepsia and excess acid.

As other H2 antagonists follow, the special benefits of **Pepcid AC** will become even clearer:

UNSURPASSED EFFICACY

Pepcid AC sets a new standard in acid control. Just one small tablet can control your customer's excess acid for up to 9 hours¹. Ensuring lasting relief from the recurrence of excess acid related problems.

UNSURPASSED CONVENIENCE AND SAFETY PROFILE

The 1 tablet dosage regime of **Pepcid AC** is simple and clear. You can recommend it with confidence. **Pepcid AC** has an excellent safety profile, with the advantage of no clinically significant drug interactions.

UNSURPASSED BASIC PROFIT ON RETURN

Pepcid AC offers not only competitive retail pricing for your customers, but also a 33% basic profit on return on both 6 & 12 pack sales.

UNSURPASSED PHARMACY-ONLY SUPPORT

Pepcid AC puts the pharmacist first - first with product information, first with training materials, first with stock and first with display materials.

Pepcid AC is the first H2 antagonist to be advertised on TV in Britain, with a national campaign combined with comprehensive magazine advertising.

Yet again you will be the first to benefit.



A JOHNSON & JOHNSON - MSD CONSUMER PHARMACEUTICAL COMPANY



UNSURPASSED ACID CONTROL

following patient groups: moderate renal failure or severe hepatic impairment; under medical supervision for any other illness or need for any other medications; middle aged or over with new or recently changed dyspeptic symptoms, or associated unintended weight loss. Patients with persistent symptoms or difficulty swallowing should seek medical advice. **Drug Interactions:** No drug interactions of clinical significance have been identified. **Side Effects:** Generally well tolerated. Headache and dizziness have been reported at a frequency $\geq 1\%$. Other side effects, including dry mouth, nausea, constipation, diarrhoea, fatigue and allergic reactions occur even less frequently. **Pregnancy:** Not recommended for use in pregnancy. **Overdosage:**

No experience to date with overdosage. Doses up to 800mg/day for over 1 year were well tolerated in patients with severe hypersecretory conditions. **Product Licence Number:** PL 0025/0312. **Product Licence Holder:** Merck Sharp & Dohme Limited, Henford Road, Hoddesdon, Hertfordshire, EN11 9BU. **RSP:** 2 tablets £0.75, 6 tablets £1.99, 12 tablets £3.59. **P** Pharmacy only distribution. **Distributed by:** CENTRA HEALTHCARE, Enterprise House, Loudwater, Bucks, HP10 9UF. **References:** 1. Laskin OL, MD, Patterson PM, RN, BA; Sumiko Shingo, MS, Lasseter KC, MD; Cooper Shambren, E, BA. *J. Clin. Pharmacol.* 1993; 33: 636-639. © Indicates registered trademark of Merck & Co, Inc. Whitehouse Station, N.J., U.S.A. © Centra Healthcare 1994. All rights reserved.

AC (Abridged Product Information) **Product Information - PEPCID** **coated tablets containing famotidine 10mg. Pack Size:** 2, 6, 12. **Adults and children over 16 years:** 1 tablet for symptomatic relief or taken one hour before food or drink known to provoke symptoms. **intake 2 tablets in 24 hours. Maximum period of use 2 weeks. Uses:** short term symptomatic relief of heartburn, dyspepsia and hyperacidity. **indications:** Hypersensitivity to any component. **Warnings and** **for Use:** Should not be taken unless advised by a physician by the

Lil-lets' leading ladies

Lil-lets are sponsoring a women's film season to be broadcast on ITV.

The Leading Ladies season will hit screens nationwide from July 23 and run for six weeks.

The films include: "Alien", starring Sigourney Weaver; "Black Widow", with Debra Winger and Theresa Russell; "Punchline", with Sally Field; "Suspect", starring Cher; and "Working Girl", with Melanie Griffiths.

A shot of a "screen heroine" will appear at the beginning of each film, backed with the Lil-lets' Leading Ladies logo. Films will be screened after the 9pm watershed, before which sanpro ads cannot be broadcast.

The aim of the campaign is to lift the profile of tampons by association with successful '90's women.

This is the brand's first such sponsorship deal. **Smith & Nephew Consumer Products. Tel: 021-327 4750.**

Shining nails

Phenomanail Shine is an environmentally-friendly top coat nail polish from Forsythe Cosmetics.

The fast-drying, hard-wearing formula has no toluene or formaldehyde, no strong acrylic odours and, the company claims, does not irritate or dry out nails.

The top coat protects the underlying polish and gives it a glossy finish.

Phenomanail is available direct from Forsythe at £5.50 for 5fl oz. **Forsythe Cosmetics. Tel: 071-625 8012.**

Paracodol new ad

Roche Consumer Health are supporting their Paracodol brand with a new ad campaign worth £500,000, targeting the women's consumer Press. It will commence in August.

The ad uses the latest photographic technology, including double exposure techniques and camera tricks, to create a scene of chaos in the kitchen. **Roche Consumer Health. Tel: 0707 366000.**

Women's health education initiative

Unipath, maker of pregnancy and ovulation testing kits, have invested £100,000 in an education programme on women's health for pharmacy assistants.

The Unipath 1994 Education Initiative will be conducted through booklets and *Talking Point*, a quarterly full-colour, eight-page magazine, featuring articles and competitions, including the "Pharmacy Assistant of the Year 1994". This will be sent free to over 10,000 registered assistants.

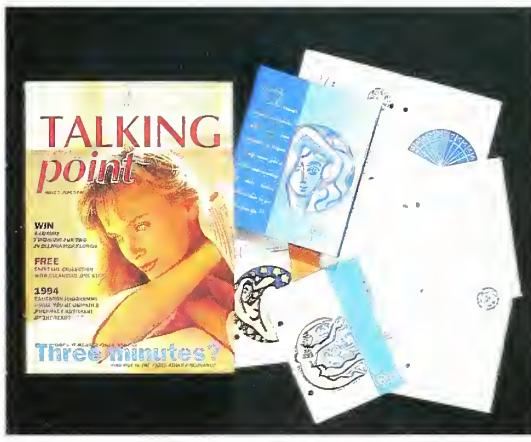
Those not already registered can do so by contacting Clearcall (tel: 0234 267448).

The programme allows pharmacy assistants to

understand the needs of their women customers and to give them sympathetic practical advice.

A study by Unipath has

found that women are not well informed about their bodies, but are willing to get advice from the pharmacy. **Unipath Ltd. Tel: 0234 347161.**



Goldshield repacks supplements

Goldshield have repackaged Fersaday and Octovit, the one-a-day vitamin and mineral supplement brands.

The new packs carry the Goldshield logo on the front and product information on the back.

The pack sizes are unchanged with an additional 28-pack Octovit available later this month.

Goldshield representatives are offering bonus deals on either of the two

products. **Goldshield Healthcare Ltd. Tel: 081-684 3664.**



Win a TV!

Pharmacists and pharmacy assistants who enter the latest Ibuleve competition can win one of five Sony 14in portable televisions. One hundred runners up will receive HMV music tokens worth £13.00 each. Entry forms are available from Dendron reps.

Dendron Ltd. Tel: 0923 229251.

Brylcreem push

Sara Lee are running a poster campaign to support the Brylcreem Black range of male hair and body care products. It has just two more weeks to run. The posters are located at over 2,250 sites nationwide. The campaign is part of an extensive support package planned for the brand in 1994/95. **Sara Lee Household & Personal Care. Tel: 0753 523971.**

Plant rights

Herbal medicine specialist Gerard House are launching a joint sponsorship venture with Plantlife to promote herbal medicine and assist in arresting the depletion of the UK's wild plant life.

Plantlife are the only charity dedicated exclusively to saving wild plants in their habitats. **Gerard House Ltd. Tel: 0582 487331.**

Parent's guide

A leaflet for parents entitled "Childhood Pain — A Parent's Guide to Relief" has been produced by Reckitt & Colman for the Disprol range of children's pain relievers. The leaflet is available through doctors and dentists. **Reckitt & Colman Products Ltd. Tel: 0482 26151.**

Elida spend

Elida Gibbs have started a £5.5 million national TV campaign for their new-look Impulse. The commercial, which runs until mid-August, focuses on the new fragrance Avant Garde. Complementary in-store leaflets are also available. **Elida Gibbs Ltd. Tel: 071-486 1200.**

Wow again

Arm & Hammer are re-running the "Wow" commercial in support of their Baking Soda. **Evian ad**

Toothpaste. The ten-week campaign kicks off this month on national and satellite TV. **Chemist Brokers. Tel: 0705 219900.**

Autumn looks

Guerlain has two looks for Autumn inspired by their make-up artist Anton-Philip Hunger's Symphonie automnale — La Folklorique (country beauty) and La Classique (classical beauty). The first uses warm colours, the second shades of brown. **Guerlain Ltd. Tel: 081-998 1646.**

Hayfever hotline

With the ongoing hot weather and rise in the pollen count, a telephone hotline has been set up for those running low on Beconase Hayfever. Orders will be processed through local wholesalers. **Hotline Number: 0500 878889.**

Phor pain

Phor launch a new TV campaign this month in a bid to boost their 18.6 per cent share of the still water market. **Premier Waters Ltd. Tel: 081-673 8717.**

Feminine way to shave

Wilkinson Sword have launched the UK's first shaving gel for women as part of the Lady Protector Shaving Toiletries range to complement the existing Lady Protector shaving system.

The lightly fragranced shaving gel (150ml, £2.29) and mousse (150ml, £1.69) contain moisturisers, camomile and aloe vera.

The company says the range combines high performance with skin care and will target the 9.5 million women who currently wet shave with ordinary soap.

An unbranded home test carried out by Wilkinson found 86 per cent of the women sampled preferred Lady Protector toiletries to their own products and 75 per cent said they would buy them. **Wilkinson Sword. Tel: 0494 533300.**

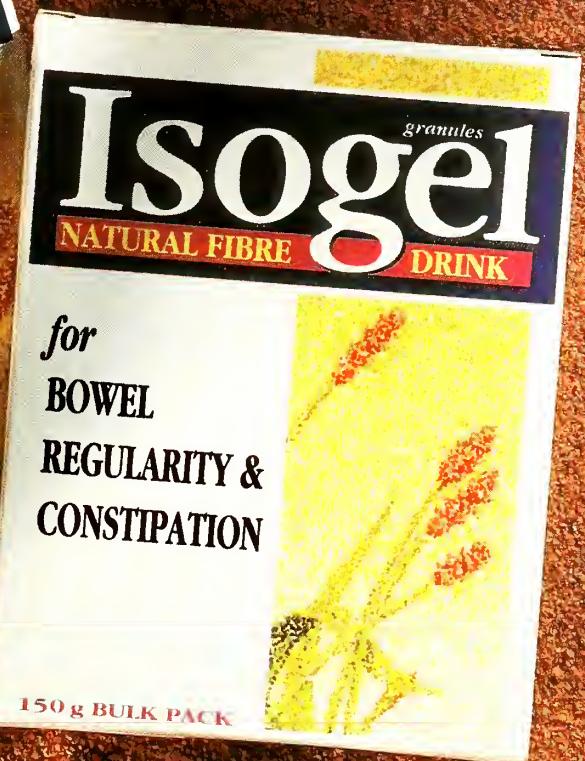
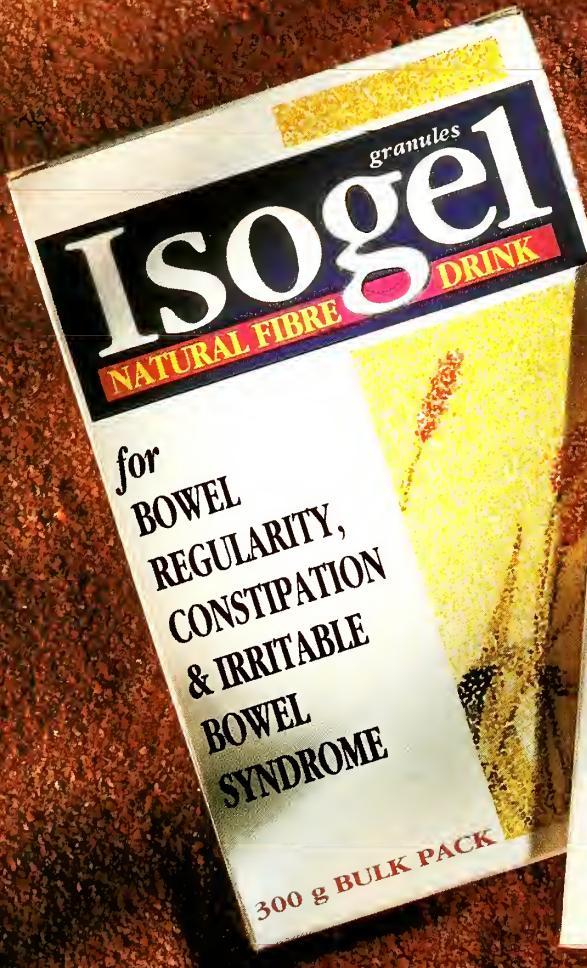
Cannon upgrade

Cannon Babysafe's Avent Microwave Steam Steriliser has been upgraded to allow four feeding bottles and accessories to be sterilised at one go, instead of the usual three.

There is an on-pack flash to promote the upgrading and prices remain unchanged (at £16.99, including three complimentary Avent 4oz feeding bottles, and £11.99 without bottles). **Cannon Rubber Ltd. Tel: 0787 280191.**



A new range of POS support material for Phor pain Double Strength analgesic is available from Goldshield Healthcare. Designed to complement other promotional material and reinforce brand image, the message to the consumer is "Double the Power to Beat Pain". Phor pain Double Strength is available in blister packs of 12 and 24 tablets from A&H, Unichem and independent wholesalers. **Goldshield Pharmaceuticals. Tel: 081-684 3664.**



Immigration

New 150g and 300g Packs

Isogel is purely and simply the most economical fibre bowel regulator your customers can buy. And now there's added flexibility. The new convenient standard pack is 150g with improved margins for you. There is also a new 300g pack which provides bulk-value for GP prescriptions and your most regular Isogel users! All in all, Isogel makes great sense for you and your customers - check your stocks today.

Purely. Simply. Economically.

CPL

Naturally, what's best for baby is best for your business.

Modern mums know that Avent is the best, combining advanced paediatrics with plain common sense, which is why they voted with their purses to make it the fastest growing brand in the UK. Mothers also know that the fully comprehensive range of baby feeding products progresses from newborn to weaning and that independent tests, and the recommendations of health professionals, have proved them best for mother and baby. Highly visible packaging gives these premium products outstanding shelf appeal, delivering a higher return per foot of shelf. Avent is shaping the future of the mother and baby care market with attractive products that attract profits for you. Naturally.



The Avent Bottle

'Our favourite bottle, this has a wide mouth which made filling easy.'

PARENTS Magazine, Star Buy.



The Avent Microwave Steriliser
'Holds four chubby bottles, takes just ten minutes and is so easy to set up.'

PRACTICAL PARENTING Magazine, Star Buy.



The Avent Breast Pump

'Easy to assemble, lightweight and compact. A good choice for everyday use. Our testers recommended this pump for use even several times a day.'

PARENTS Magazine, Best Buy.



AVVENT
Naturally
by Cannon Babysafe™



The Avent Steam Steriliser

'Very easy to set up, and to remove the equipment. Very fast, good value.'

PRACTICAL PARENTING Magazine, Star Buy.



Avent Soothers
'Fastest growing branded soother - now 20% market share.'

FSA Research.



Bottle Warmer
'This could hardly be simpler to use.'

A MOTHER

Johnson's drive to clean up kids

Johnson & Johnson are launching two new ranges for the children's toiletries market.

Mickey & Pals and Kids, aimed at the 3-6 and 7-10 age groups respectively, are set to develop a market worth a potential £100 million, says the company.

The character range includes Mickey Mouse Shampoo, Mini Mouse Conditioner, Pluto 2-in-1 Shampoo, Goofy Shower Gel and Donald Duck Bubble Bath. All items will retail at £2.99 for 400ml.

The Kids range comprises No More Tangles Shampoo (200ml, £1.59), with the No More Tears formula; Foaming Bath Liquid (400ml, £1.69) and Sport Shower Gel (200ml, £1.69).

The launch of Mickey & Pals follows a successful introduction in the US during 1992. Johnson & Johnson believe it is set to revolutionise the children's sector by extending the character



market beyond bubble bath and across the entire year. The fun element will appeal to children, while the Johnson & Johnson brand will attract mums.

Mickey & Pals will be available here from September 1 and the company recommends block merchandising for best trial results.

The Johnson's Kids range, designed for boys and girls at the age when they are demanding their own toiletries, will be available from August 1.

It will be supported by a

£2.5m national television advertising campaign designed to appeal to both parents and children, as well as extensive trialling.

Johnson & Johnson say there are around 7 million 3-10-year-olds in the UK, representing approximately 12 per cent of the total population. By the year 2000 this figure will have grown to 13 per cent. Currently only 7 per cent of bathcare and 1 per cent of shampoo products target this age group.

Johnson & Johnson Ltd.
Tel: 0628 822222.

Ferrosan tunes in to Classic FM

Ferrosan Healthcare have signed a £200,000 radio sponsorship deal with Classic FM which will run until March next year.

"Hints for Healthy Living", a three-minute

programme broadcast during "Classic Weekend Breakfast" on Sunday mornings, will be sponsored by Idoloba from June to September; Healthcrafts, September to

December; and Seatone, December to March.

A phone-in helpline after each programme will give detailed product information.

On-pack offers and in-store point of sale material is planned to support the sponsorship.

Ferrosan Healthcare Ltd.
Tel: 0932 336366.

DIY brushing for children

Macleans Milk Teeth Toothbrush is designed to be used by children, rather than having the job done by their parents.

The brush, for use by children under six, complements Macleans Milk Teeth Toothpaste. It has an extra wide handle with a small brush head and soft rounded bristles, making it easy for children to use. The brush comes in a range of six colours in both sparkly and non-sparkly designs.

Sampling will encompass dental and 750,000 Bounty bags.

Smithkline Beecham. Tel: 081-560 5151.



Santo — on the nail

Santo Products are now distributing Nail The Habit!, a bitter-tasting nail biting deterrent.

Nail The Habit! is applied by twisting a finger into the sponge within the 20ml tub, thereby coating

the fingertip. The formulation is non-toxic, containing glycerine, moisturisers and vitamin E to condition nails, cuticles and skin. It retails at £1.95. **Santo Products Ltd.** Tel: 081-381 1334.

Rowenta get their teeth into oral hygiene

Available from this month, it retails at £49.99.

The Multi Plaque Dentalcenter combines the Multi Plaque Dentacontrol toothbrush with Rowenta's Oral Spray in one unit.

The former has additional brush heads to deal with plaque: the Rotaclip which has an oscillating brush movement; and the Interdenta-clip which has a conical-shaped head.

Aquafresh stripe hunt

Customers purchasing stripeless tubes of Smithkline Beecham's Aquafresh may be entitled to a £5,000 prize.

The "Someone Has Stolen Our Stripes" promotion leaves some 50ml and 125ml tubes of the Mild and Minty variants devoid of their stripes. Consumers finding one of these novel tubes are invited to send the pack back to receive a cash reward.

All purchasers of Aquafresh tubes and pumps can also enter a £5,000 prize draw by completing a tie-breaker on promotional packs.

Smithkline Beecham. Tel: 081-560 5151.

Kodak print push

as their wholesaler.

July sees the start of an "in wallet" £1 off 5 x 7in colour processing offer.

This will be followed in August by another chance to take part in the £1 off 4in colour processing offer. **Kodak.** Tel: 0442 844832.

New BNF guidance needed on drugs for depression

Liverpool pharmacist John Donoghue has challenged current guidelines which recommend the use of tricyclic antidepressants (TCAs) as the drugs of first choice in the treatment of depression.

In an analysis of PACT data from three family health service authorities, he has been able to show that while 81 per cent of patients are prescribed TCAs, 87 per cent of this group will be given a dose that is too low to be effective.

"It shows a very wasteful pattern of prescribing," he told a Young Pharmacists Group meeting in Maidstone last Saturday. "Failure to treat depression properly has a great social cost."

The side-effect profile of the older TCAs (amitriptyline, dothiepin, imipramine) make them very difficult to use in the GP arena, said Mr Donoghue.

"I question the British National Formulary statement that TCAs are the first choice drugs if they are so difficult to use effectively. I would like to see greater use of lofepramine and selective serotonin re-uptake inhibitors (SSRIs)."

Most pharmacists are not aware of the seriousness of depressive illness, he believes. The incidence is around 5 per cent of the population, compared to 4 per cent for angina and 8 per cent for hypotension.

More deaths arise from depression than asthma, a condition which receives much greater attention. Depression accounts for 10 per cent of all GP consultations, although patients may at first present with other symptoms.

The greatest cost to the NHS from depression is not the cost of drugs but the cost of hospital admissions, said Mr Donoghue. Effective treatment in the community could reduce psychiatric referral.

Currently 95 per cent of all depressive patients are treated by their GP — only 5 per cent are referred. Yet there is

concern that GPs do not use antidepressants, particularly TCAs, effectively, often prescribing an inadequate dose.

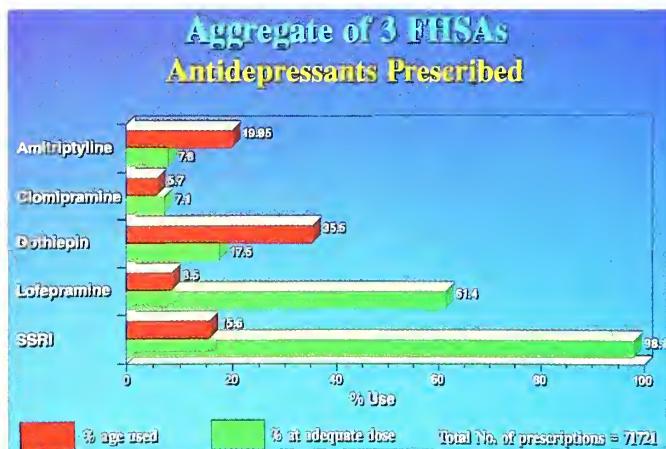
In his analysis of PACT data from three FHSAs Mr Donoghue made a number of assumptions:

- the minimum effective dose

of TCAs is 125-150mg per day

- GPs routinely prescribe in 28- or 30-day cycles
- the antidepressants were prescribed for treatment of a depressive disorder.

In all, data from 71,721 scripts were analysed. The pattern of



Most depressed patients left undiagnosed

Some 70 per cent of those suffering from depression are likely to go undiagnosed. Of those whose symptoms are recognised only 5 per cent will actually benefit from treatment, suggests consultant John Henry from the National Poisons Unit at Guy's Hospital.

Some of those diagnosed are not treated, while others do not get their script dispensed or do not comply with the prescribed regime (see flow chart). While counselling might give insights into the cause of depression, biochemical intervention is often needed to treat the illness, said Mr Henry.

The "Health of the Nation" set the target of cutting the suicide rate by 15 per cent by the year 2000, but it is very difficult to identify potential suicide cases.

While clinical trials have shown all antidepressants on

the market do work, there is a recognised "compliance anomaly" between the tricyclics (57-85 per cent) and the SSRIs (72-96 per cent), Mr Henry noted. "What contribution do these differences make to suicide and fatal overdose," he wondered.

The sedative effects of TCAs can be quite pronounced and may lead to patients stopping treatment. Between 25 and 75 per cent of scripts for TCAs are for sub-therapeutic doses, he added. Many patients are thus left at risk of suicide or fatal overdose.

The minimum daily dose of amitriptyline is now regarded as 75mg, he said, and that of dothiepin 150mg, although there may be a case for lower doses in the elderly.

Death from tricyclic overdose can occur at 15-20mg/kg, yet as little as 600mg in a single dose

prescribing of the five drugs most regularly used to treat depression correlated closely across all three FHSAs to produce results that are highly statistically significant.

The results show that 15.6 per cent of the scripts were for an SSRI, and of these 98.1 per cent were at a therapeutic dose. This compares with 19.9 per cent of scripts for amitriptyline, where only 7.8 were at therapeutic levels (see bar chart). While 35.5 per cent of scripts were for dothiepin, only 17.5 per cent were at an adequate dose.

"There is a significant difference in the way TCAs are prescribed compared to the newer SSRIs," said Mr Donoghue.

He said his figures have not yet been fully validated, and offered some possible reasons for the low dose of TCAs:

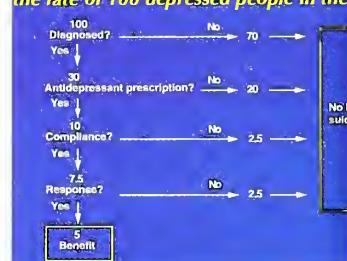
- the GP was titrating the patient's dose (an unlikely explanation, he said)
- the TCA was being used as an analgesic (amitriptyline is used extensively)
- the TCA was being used as an anxiolytic or a hypnotic (even though it might not be licensed for such indications).

Mr Donoghue plans to continue his study, looking at individual GP practices.

can be fatal. The average prescription is for 1,902mg. Death usually occurs from arrhythmias and hypotension.

Activated charcoal, with its large surface area to bind the drug and prevent absorption, is the most effective treatment. "It should be in every ward in a mental hospital," said Mr Henry.

The depression cascade: a hypothetical the fate of 100 depressed people in the



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(Please refer to full data sheet before prescribing)

Presentation Metered dose aerosol delivering 100 mcg

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Indications Treatment and prophylaxis of bronchial asthma.

Dosage **Adults** (i) Acute bronchospasm and intermittent episodes of asthma - one or two inhalations as a single dose. (ii) Chronic maintenance or prophylactic therapy - two inhalations three or four times a day. (iii) To prevent exercise-induced bronchospasm - two inhalations should be taken before exertion.

Children (i) Acute bronchospasm episodic asthma or before exercise - one inhalation. (ii) Routine maintenance or prophylactic therapy - one inhalation three or four times daily.

Contra-indications In spite of the fact that salbutamol has been used intravenously and orally in the management of uncomplicated premature labour Salamol Inhaler should not be used for threatened abortion during the first or second trimesters of pregnancy.

Salamol Inhaler is contra-indicated in patients with a history of hypersensitivity to its constituents.

Warnings Potentially serious hypokalaemia may result from a beta-2 agonist therapy. It is recommended that serum potassium levels are monitored when the hypokalaemic effect may be potentiated by concomitant drugs or hypoxia. Propranolol and other non-cardioselective beta-adrenoceptor blocking agents antagonise the effects of salbutamol.

Precautions Patients with hyperthyroidism or who are hypersusceptible should use salbutamol containing products with caution as should those patients suffering from diabetes mellitus, serious cardiovascular disorder or hypertension. Asthmatic patients whose condition deteriorates despite salbutamol therapy, or where a previously effective dose fails to give relief for at least three hours, should seek medical advice, alternative or additional therapy including corticosteroids should be instituted promptly although adverse metabolic effects of high doses

of salbutamol may be exacerbated by concomitant administration of high doses of corticosteroids.

Side Effects Potentially serious hypokalaemia may result from beta-2 agonist therapy (see Warnings).

Salbutamol in large doses may cause fine tremor of skeletal muscle (particularly the hands), palpitations and muscle cramps. Slight tachycardia, tenseness, headaches and peripheral vasodilatation have also been reported after large doses but these are less usually associated with the inhalation dosage form. Use in pregnancy and lactation Salbutamol should be used during pregnancy or lactation only after careful consideration by the medical practitioner.

Legal category POM

Package quantity Metered dose aerosol dispensing approximately 200 doses.

Product Licence Number PL 0530/0246

Basic NHS Price 200 dose 100 mcg/dose £1.57.

References

1. Thorax 1993; 48, Supplement S1-S24

2. Lee *et al*, Int. J. Pharm. Pract. 1993; 2: 172-5

3. M. Phillips, West Midland Health Pharmacy Division

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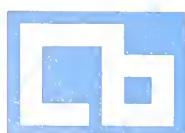
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The art and science of communication

Skill in communicating is a very necessary tool for every pharmacist, but is it time to re-evaluate the way such concepts are taught? asks Ian Bates of the Centre for Pharmacy Practice, The School of Pharmacy, University of London

Is communicating an art or a science? It can be argued that the theoretical basis is deeply rooted in psychology, itself within the domain of the behavioural sciences. This has profound (but maybe unrecognised) influences on the practice of pharmacy today—or should.

Nor can we ignore the fact that pharmacy is a combination of disciplines, with the physical, chemical and biological sciences traditionally the basis of the education and training of pharmacists.

However, there are sciences other than these traditional pharmacy-related ones. The *Oxford English Dictionary* provides several related definitions of the word:

Science — a particular branch of knowledge or study; a recognised department of learning.

But is communication an art or a science? Once more to the dictionary:

Science — contradistinguished from art. The distinction ... is that a science is concerned with theoretic truth, and art with methods for effecting certain results. Science is extended to denote a department of practical work which depends on the knowledge and conscious application of principles; an art ... being understood to require merely knowledge of traditional rules and skills acquired by habit.

Most pharmacists would rather have skills developed within scientific truth and principle, rather than those habitually formed by repetition, with the inherent dangers associated with this type of learning — most predominantly a potential failure to develop personal insight into the skills base.

A science ...

Let us embrace this term "communication skills" as a science, and describe some of the underlying "theoretical truths". In any model of communication there will be three main elements:

- a message sender
- the message itself
- the receiver.

The sender encodes the message and the receiver decodes the message. When



communication is effective, the message sent is the same as the message received. But it is not always so easy as this! Several variables can influence the message, and these account for

the complexities and subtleties of the communication process.

The model must also take account of the feedback or interaction of the process. There are five main

components of this model:

- objectives (or goals)
- perception
- mediation
- action
- feedback.

Goals

Often we do not consciously formulate goals or objectives during a communication, and operate on a subconscious level. But these goals have a significant effect on behaviour, both on ours as healthcare professionals, and on those of our clients, who have goals motivated by needs — health needs in particular. For patient satisfaction to occur, expectations have to be satisfied.

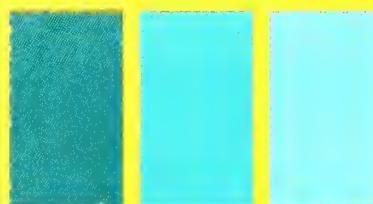
Mediating factors

Mediation allows evaluation of the extent to which the goals can be achieved. It indicates if more or different action needs to be taken; it may indicate if different goals need to be formulated. It is, therefore, a decision-making process, and can be broken down into component parts, of which cognition and emotion are important.

Cognition The process whereby the input is altered, stored, recovered and used in some way. Our thinking skills are extended and refined by experience and practice, but are a learned response. We can learn to think in a more concise way about problems. A skilled pharmacist can make rapid, accurate judgments about clients, and be able to problem-solve and make

Continued on p55

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decisions during consultations.

Emotion Emotion is important in two ways. The emotional state of the pharmacist will influence any conversation. The emotional state of the patient needs to be assessed by the pharmacist. Its components are:

- a direct conscious experience or "feeling" of emotion
- a series of physiological processes which accompany this feeling
- verbal and non-verbal behaviours which express and convey the emotion.

Actions and feedback

Once a goal has been decided upon, and a related response formulated (cognition), we need to implement this response (or plan) in terms of direct action.

Feedback allows us to assess the effectiveness of our communication, and take corrective action if necessary.

This social feedback will take the form of verbal and non-verbal reactions of the patient towards us. Failure to do this will mean that we will deal with the situation in a subconscious manner, which will further alienate the client.

Perception

Perception provides us with vital information about the environment. Our perceptions are not always accurate and may distort our appreciation of a situation. "Disabled" people, in wheelchairs, for example, are often treated as mentally incapacitated in addition to their physical problems.

Personal factors will particularly influence our immediate perception. It is clear that an understanding of these, together with appropriate training, is necessary for skill levels to increase in individuals.

But what are communication skills going to be useful for? Why should we be more "skillful" and scientific about them? There are two important reasons.

The first hardly needs stating. We are primary care health professionals who need to assess and evaluate the health problems of patients, and

decide what to do about them. This clearly involves diagnosing, decision-making, planning and counter-prescribing.

We must also think about the general context surrounding communication skills. The scientific basis is apparent, and so is the skill basis — that of application of principles for something practical. But where does the science of communication lie? Should we be considering communication skills in a wider educational context, relating the behavioural sciences more closely with pharmacy practice?

Related science

Let us have a look at some related science. It is clear that we all have different priorities when it comes to our own health. It is not surprising that our patients and clients also have a variety of needs.

How should we know what they are and how should we respond to them? What is the significance of these needs and priorities? And if these questions are difficult, what are we to make of needs and priorities when it comes to ill-health?

For all the vast amounts of money spent on advanced formulations, new drugs, molecular biology and genetic engineering to produce better and more effective medicines, all of this is potentially wasted and impotent as soon as we hand over the medicine to a patient.

We do not know why some patients do not take or use their therapies as we advise. We do not know why some patients

are refractory to medical advice. These are the misty domains of sociology and psychology, but they are not trivial influences.

For example ...

Some aspects of sociology as applied to pharmacy can be illustrated with examples based in scientifically researched fact.

The way in which people respond to symptoms is often more complex than might at first be imagined. For instance, it might be assumed that a simple correlation exists between the severity of symptoms and the decision to consult a health professional — the worse the patient feels the more likely they are to seek healthcare advice.

In reality this does not happen, and there is little correlation between the occurrence of symptoms and

presentation of these to a health-care professional.

The use of health services is influenced by a wide range of factors which sometimes override the severity of the symptoms. Many of these factors have been identified and studied since the inception of the NHS in 1948.

To understand how patients respond to ill-health it is useful to appreciate the difference between illness and disease. Disease refers to a pathological or biological condition (eg cancer of the lung, or kidney failure). Illness, on the other hand, concerns individuals' responses to symptoms — how they feel, experience and make sense of their sickness.

Illness and disease are not synonymous — it is possible to feel ill without suffering a disease and to suffer a disease without feeling ill. A woman who has cervical cancer may feel perfectly healthy, for example, while someone who is ill through excessive stress may not exhibit a pathological disease.

A fine distinction

The distinction between illness and disease is important because it emphasises the fact that the way people respond to symptoms is often as important as the disease state itself.

The boundary between sickness and health is not clear cut. Illness is a variance from normality, and what is "normal" varies between cultures and groups within society.

People therefore evaluate their physical and/or emotional sensations in terms of their knowledge, experience and advice from other people. When we talk of illness behaviour, we are saying that responses to symptoms are learned in accordance with the individual's social environment.

Although lower back pain is quite a common condition among women living in low socio-economic environments, it is not considered symptomatic of any disease or disorder, but rather part of their everyday existence. For women in more favourable circumstances, the onset of back pain is more likely to result in a visit to a GP.

It is further argued that illness is not just a biological state, but has a social role — leading to the so-called "sick role" adopted by persons who are "ill". This distinction has a strong social purpose, although a description is outside the boundaries of this particular article.

Relationships

Another sociological aspect to consider is that while pharmacists are being encouraged to communicate with patients, patients are being encouraged to seek advice from their pharmacist. So what form might the relationship between the two take?

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Continued from p55

There are few (if any) sociological studies of the interactions between pharmacists and patients. The GP-patient relationship, however, has been extensively studied.

Sociologically, the interaction between health professionals and patients comprises what may be termed a consensual relationship, ie one of stable interaction, with both participants assuming shared expectations and values.

The medical profession serves the functions of treating and legitimising illness, while patients acknowledge the authority of doctors. The doctor-patient relationship is reciprocal in nature.

What is education?

It is evident that communication skills have a scientific basis, and that the behavioural sciences have a valid place in pharmacy education.

But what is "to educate"? Remember that one definition of a "science" is being able to apply theoretical truths and principles. The process of education only occurs if it is associated with change. With behavioural change in particular we are not educated unless something we know modifies the way we behave — and that means the way we think.

When we experience anything which is designed to



alter our beliefs, then that is part of our education. The acquisition of knowledge has to have an effect on our behaviour if it is to be useful.

Undergraduate courses are educative in some ways — but by no means always very effective. Teachers of pharmacy (and related disciplines) still tend to produce walking encyclopedias of fact rather than cognitive problem-solving pharmacists.

We do not educate students to "think" as much as we would like to think. Some of the evidence for this is obvious — the exam-driven nature of undergraduates, for instance.

We do not instill the concept of life-long learning in our undergraduates. This is due to many factors — poor curriculum design, the encouragement of

surface learning in undergraduates, the remote nature of many teachers.

But it may be due to a lack of appreciation and understanding of the behavioural sciences in the context of pharmacy. And it may be due to poor communication skills.

To summarise

To educate effectively is to bring about a behavioural change in a person using knowledge and fact. To bring about this change educationally, communication skills will be a valuable and a necessary tool.

Earlier it was stated that communication skills were necessary for the obvious roles and duties of community pharmacists.

The nature of NHS change, and the direction of general NHS policy is to emphasise their primary care function. Indeed NHS contractual payments are beginning to recognise services provision, in addition to piecemeal payment for drug supply, and this trend may well continue.

An influential aspect of the primary care nature of healthcare in the UK is health promotion and health education. Pharmacists are being used increasingly as providers of health education, but are we any good at this?

If we are to be health educators, and maybe receive payment for it, then it follows that we must actually educate our patients and clients. And to educate is to change behaviour.

Giving the "facts" on smoking or drug misuse, for instance, or handing out a leaflet, is not going to change anybody's behaviour on its own.

Vital messages

The communication of the message on health is vital in the education process. If the communication is poor, then the education is poor.

The set of skills known as "communication" has to be used by every pharmacist, and used well, otherwise it does not matter how well designed a course, or a leaflet, or a campaign is. It will fail without adequate communication skills by the primary healthcare provider. That means us.

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'Best case scenario' from Numark offers host of opportunities

It is natural to speculate in the run-up to Numark's proposed restructure — an event of great potential for independent community pharmacy — as was done in **Comment** last week.

It is interesting that you chose to look at "the worst case scenario" when we are on the threshold of what may well prove to be a positive renaissance for both the independent retailer and wholesaler alike. It would seem reasonable, therefore, to consider also the "best case scenario".

- independent community pharmacists will have the chance to control their marketing future through a company they will own
- they will also enjoy financial returns currently not available to them, improving their front-shop profit potential — particularly important long-term as NHS margins continue to be eroded
- nominated Numark wholesalers will have the chance to work with a much larger retailer membership, strengthening their businesses
- Numark services will be available nationwide —

benefiting retailers — and also, through a broader retailer base, strengthening the brand before the consumer

- independents need no longer feel threatened by aspects of the consolidation of wholesaler ownership, but will have the right to be involved in the choice of wholesalers and other methods of distribution.

In summary, the independent sector will be equipped to compete on much stronger terms against the multiples and to anticipate a brighter and more certain future.

This "best case scenario" is markedly different from the portrait you paint, but deserves equal consideration. As you have recently reported (*C&D* April 16), we are still in the throes of finalising the details of the offer to the current wholesaler shareholders and to the retailers who would be able to become shareholders in the new-style Numark. Until this offer has been defined, no one is in a position to answer every single question you pose.

However, within Numark we are in no doubt that a substantial number of pharmacists will elect to become shareholder members of the new company, which they will thus own. As you are aware, there are some 8,000 plus independent community

pharmacies in the UK.

Consolidation of ownership within wholesaling is a fact, as it is within community pharmacy, and a key objective of the restructure is to protect the independent from some of the aspects of that consolidation.

At the same time, Numark have been very successful in attracting new wholesalers, as follows, since 1991: Sangers (Northern Ireland), Graham Tatford, Mawdsley-Brooks, United Drug, Smith & Hill, East Anglian Pharmaceuticals, Robert Smith (Derry), Sangers (Maidstone) and Norscot Pharmaceuticals.

Unichem have recently purchased Bradford Chemists' Association and Hall Forster and the company is operating these businesses as Numark wholesalers. Future arrangements for additional wholesalers or the extension of activities of existing wholesalers or other means of distribution will be discussed in an open manner.

What will be different will be the opportunity for the retail members, as shareholders, to be involved in such choices within the legal structure which will guide the new company.

Clearly we are working hard to put together the offer that will satisfy the needs of both present and future shareholders. Given agreement to the final offer by Numark wholesalers on July 20, we will launch it publicly in September, when pharmacists will have the opportunity to judge it for themselves.

Such a radical change is not done without debate, but this change, if it is successful, represents one of the most important and innovative proposals to be offered to independent community pharmacists in the last 20 years.

bodies to refrain from producing any list of charges.

There does not, however, appear to be any restriction on individuals passing on their method of pricing, so for what it is worth, this is my situation.

We normally use our Hadley Hutt PILS system to calculate the price. On inquiring with Hadley Hutt, I was informed that the built-in system was based on the RPSGB's original pricing structure, but that this could easily be changed via a disc in the post. All they needed to know was:

- the mark-up percentage to be used
- the dispensing fee to be charged
- the minimum fee to be charged.

It sounds simple, but it did cause me some problems in deciding the various rates. My solutions were as follows:

- **Mark-up.** Fifty per cent on cost — traditional! Why we have inherited 50 per cent as opposed to a higher level I just don't know. I was speaking to a computer programmer who had to rewrite his program when it was offered to jewellers to take account of their phenomenal mark-ups.

- **Dispensing fee.** Here I opted for £1.30. My reasoning was based on the new NHS fees (from August) of £1.29 for the first 1,800, and 93.8p thereafter. Because I dispense more than 1,800 items, I know that if the prescription had been an NHS one, then I would have received 93.8p. Because it is private I have the additional tasks of entering the details in the private prescription book, retaining it and storing it.

- **Minimum fee.** I elected for £2.50 for no real reason other than a gut feeling that below this figure the effort involved outweighed the return.

The program also has an override that stops charging a dispensing fee and reverts to cost plus 50 per cent for more expensive items as did the old RPSGB scale. We also make additional charges for extemporaneously dispensed items and containers. These are based on the Drug Tariff rates.

So that's my scale. I expect to be shot down in flames by those able to provide logical reasons as to why the figures should be different!

As an aside, it is interesting to note the return from a private prescription compared with that from an OTC medicine sold with full counselling and advice from the pharmacist. The latter may well take considerably more time and has no "professional fee" attached.

Martin Bennett
Sheffield

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Terry Norris
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Pricing those private scripts

I am pleased to see the attention that you are giving to the pricing of private scripts. This is something that Sheffield LPC looked at some years ago when we were asked to update the Pharmaceutical Society's guidelines. Unfortunately, like the RPSGB and the National Pharmaceutical Association, we came to the conclusion that this would be considered "price fixing" by the Office of Fair Trading.

The OFT has considerable powers, and any investigation by them can be extremely costly and time consuming. I would, therefore, urge all representative

for relief
from itching
and
inflammation
employ a
double agent.



Presenting Double Agent Eurax Hc.

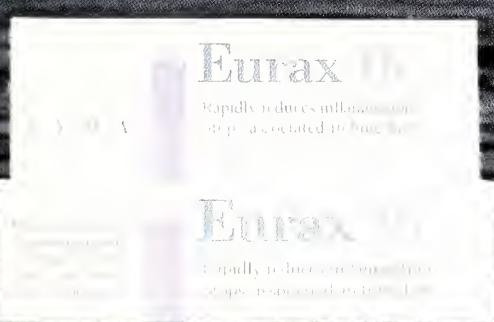
Mission: To locate and eliminate itching and inflammation.

Weapons: Crotamiton to relieve itching, Hydrocortisone to reduce inflammation.

Duration of Mission: Up to 10 hours.

Status: The only combination steroid product available OTC.

Eurax Hc. Licence to Quell.



 ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

ACTIVE INGREDIENTS: Eurax Hc contains Crotamiton BP 10% and Hydrocortisone BP 0.25%. Indications: Relief of inflammation and pruritus associated with irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. DOSAGE AND ADMINISTRATION: Adults and children over 10 years. Apply sparingly over a small area twice a day for a maximum period of 1 week. Occlusive dressings should not be used. Not recommended for children under 10 years. Contra Indications: Hypersensitivity to any component of the formulation. Bacterial, viral or fungal infections of the skin. Acute exudative dermatoses. Application to ulcerated areas. Use on the eyes/face, ano-genital region, broken or infected skin including cold sores, acne and athletes foot. Side-effects: Occasionally at the site of application signs of irritation such as a burning sensation, itching, contact dermatitis/contact allergy may occur. Use in pregnancy and lactation: Use in pregnancy or lactation should only be at the doctor's discretion. LEGAL CATEGORY: P PRODUCT LICENCE NUMBER: 0001/5010R DISTRIBUTOR: Zyma Healthcare, Holmwood, RHS 4NU DATE OF PREPARATION: June 1994. PRICE: £2.49

Even in the best run organisations things can go wrong. A junior clerk can misunderstand the procedure for paying bills and accidentally pay a bill twice. Or someone could misinterpret the terms of a contract, so your company ends up paying more than is due.

What happens then? Can you recover the money?

On the other side of the transaction, you might receive money which has apparently been paid by mistake. Can you keep the excess? Is the position different if you have spent the money, without realising you have received too much?

Let's look at the problem first from the point of view of the person who has made the overpayment. What must they prove to recover the money paid by mistake?

Paid too much?

The first step is to show that the mistake was one of fact and not of law. This is a technical distinction which can best be understood by looking at the decided cases on this area. Usually, only payments made because of a mistake of fact can be recovered.

Many cases of mistake of fact arise in the banking area. For example, where a bank pays out on a forged cheque or contrary to a stop instruction, these are taken to be mistakes of fact. On the other hand, a classic mistake of law occurred where an insurer did not appreciate that on the facts he knew about, he could have refused to pay out under a policy on the grounds of non-disclosure of a material matter.

Misunderstanding contracts

Some cases are less clear. What happens if you make an overpayment because you have misunderstood the terms of a contract?

Some cases state that a mistake as to the terms of a contract is a mistake of law, and any payment made as a result is irrecoverable. But other cases cast doubt on this position and, in certain circumstances, a challenge to the general rule may be possible.

In one case, a Mr Cooper agreed to pay rent to a Mr Phibbs in respect of a fishery which Mr Cooper already owned, although he was not aware of this. When he discovered his mistake, he claimed repayment of the money. The House of Lords ruled that this was a mistake as to his private rights and therefore one of fact.

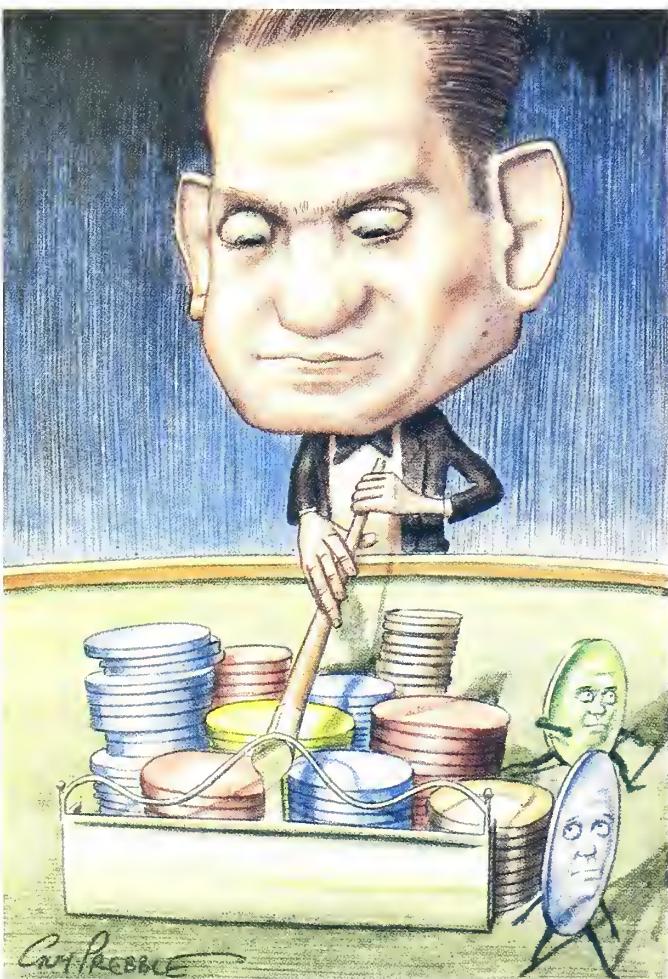
At the moment, the balance is such that a mistake as to the terms of a contract will, in most cases, be held to be a mistake of law. However, each case is worth considering on its merits.

If, having analysed the facts, it appears that there was a mistake of fact, the next stage is to prove that the payment was made because of the mistake.

Imagine, for example, you

How to claw back those overpayments

What happens when you go back over your cheque stubs to discover you have paid the electricity bill twice? Or you receive two lots of FHSA payments in one month? Steve Sidkin and Elizabeth Mayer look at how you can set the record straight



find you have bought some equipment from a supplier with a name similar to your usual supplier, believing them to be the same. If you would have dealt with the new company in any event, you would not be able to recover your money. The mistake would not have caused the payment.

Having established these two matters, a case for recovery has been made. But there are defences available to the person to whom payment has been made. The typical reaction of the payee is to say that, as they were unaware of the

mistake and have either spent the overpayment or used it in some other way, they should not be made to return it.

Simply not being aware of the mistake is not sufficient. There is no requirement for the mistake to be known to the payee to have money repaid. So, where a bank wrongly paid out on a cheque contrary to a stop instruction from its customer, they could still claim recovery of the money, even though the payee was not aware of the mistake.

But payees may successfully resist a claim for repayment if

they can prove that their position has been unfairly prejudiced by relying on the mistaken payment. Generally this involves proving that (a) the payer made a representation of fact which led the payee to believe that it was entitled to treat the money as its own, (b) that the payee relied on the representation to change its position to its detriment and (c) that the payee was not at fault either in relation to the mistake being made or in acting to its detriment.

Probably the most difficult part of this defence to establish is that the payee has acted to its detriment. Simply spending the money is not enough.

When spending is not enough

Examples from cases of sufficient detriment are paying the money to a third party which the payee thought it had a duty to pay and from which there is no prospect of recovery, and investing money in a company which has gone into liquidation.

Other cases suggest that if a person has significantly altered their life style as a result of the overpayment, and the payer was in some way at fault in not keeping the payee informed of the mistake, this might operate as a good defence to a claim for repayment.

Whose fault?

To resist a claim for repayment, the payee must show that it is not at fault in any way. So if a payee is aware that too much money has been paid, but uses the excess to its detriment in any event, there will be no defence to a claim for repayment.

Cases of mistaken payment very much depend on their facts. It is important to apply the legal principles to each set of facts in order to reach a decision as to whether or not money is repayable.

Steve Sidkin and Elizabeth Mayer work for the City law firm Fox Williams.

Bad news for pharmacy wages

Most small- to medium-sized multiples are tightening their belts and are currently offering salaries at or below the rate of inflation.

But almost half have yet to decide this year's increases. They may well review salaries every 15-18 months, rather than every year.

These are some of the results from a salary survey published in the latest newsletter from the Institute of Pharmacy Management International, which notes differences in pay rises for company executives, managers, locums, dispensers and sales assistants.

Executives seem to have come out best, with a 3.1 per cent pay rise last year. The outlook for 1994 is worse, with increases set at just over 2 per cent.

Despite pharmacist managers receiving pay rises much closer to the retail price index over the past few years, 1993 saw pay rises moving up just 2.2 per cent. And of those that had already been offered a pay rise this year, this came to an average of 2 per cent.

Managers have also been hit by scaled down incentive schemes. Although they enjoyed schemes paying up to a 9 per cent bonus in 1992, this year they will be expecting only 5 per cent.

Fewer and fewer companies are providing managers with car allowances. Of those that do, most pay no more than 20p/mile for oxygen deliveries or residential home visits, a reduction on the previous two years.

At the bottom of the 1994 pay rise scale are non-managing pharmacists, locums and retail staff who are looking forward to a 1.75 per cent rise.

There appears to be no difference in pay rises between full- and part-time retail staff this year, despite fears that younger workers, especially Saturday staff, would be suffering pay cuts.

Many companies whose basic rates were over the NJIC minimum gave no increase to staff in 1993, and may not do so in 1994.

Dispensers have been able to ask for above inflationary increases in recent years, as this has been from a low base, says the report. This is expected to continue. But of those wage rises already set for 1994, these averaged 1.8 per cent.

These results came from research conducted by Reid Consultants of West Lothian in conjunction with Green Pharmacy Consultants.

Mediphase change hands

A majority stake in Mediphase, the prescription endorsement software company, has been bought by Pharmaceutical Marketing Services Inc (PMSI), an international player in the healthcare data field.

The acquisition comes just as Mediphase are about to launch their Highway dispensary system, which could allow prescription data to be transmitted electronically to the Prescription Pricing Authority.

PMSI would not disclose terms of the deal, which comes at a

crossroads in their UK history.

Their sister-company, Walsh, are on the PPA's shortlist of providers of data capture services, such as PACT data.

There will be no management changes at Mediphase.

Numark's plans

Numark hope to unveil their restructuring plans on September 2 following a meeting of their wholesaler shareholders on July 20.

ABPI director leaves

Dr John Griffin has stepped down as director of the Association of the British Pharmaceutical Industry after ten years of service. The ABPI has not yet named a successor.

Multilex renamed

Exeter Data Base Systems have changed their name to Multilex and are set to expand into France and Germany in collaboration with the Department of Trade and Industry. They develop computer systems for pharmacists and GPs.

Fisons' core

Fisons have completed their focus on pharmaceuticals and scientific products with the disposal of their horticulture business.

Nichol expand

Nichol Beauty Products, manufacturer of aerosol and liquid products, have officially opened a new 40,000 sq ft distribution and warehouse complex, and a processing area.

Seton buy Medised

Seton Healthcare have added more weight to their over the counter portfolio with the acquisition of Medised from Macarthy Laboratories for £3.5 million cash.

Sales of the children's cold preparation reached £725,000 in the 12 months to June 30.

This is Seton's second paracetamol suspension for children. They already own Cupanol, although Medised also contains an antihistamine.

According to Seton's marketing manager, Adrian Lindridge, the company hopes to complete market research with both pharmacists and consumers before outlining its plans for the brand.

A promotional campaign will follow, largely on the lines of the Cupanol one, he says. This may include money-off coupons in the mother and baby Press.

This acquisition follows a stream of OTC product buys in the last seven months. Seton's newest products include Crooke's Asilone, six brands from Smithkline Beecham and a further five from Napp.

AAH in hospital

AAH Hospital Service have expanded their portfolio after being appointed distributor for Gensia products.

Nomad overseas

Canadian-based Manrex have signed an agreement with Surgichem to become the sole distributor of Nomad monitored dosage systems in Canada, Australia and New Zealand.

SB's Famvir in US

Smithkline Beecham have received approval from the US Food and Drug Administration for Famvir, their antiviral drug for shingles.

Zovirax in US

Upjohn and Wellcome's US subsidiary, Burroughs Wellcome, will co-promote Zovirax into the US antiherpetic market. Burroughs Wellcome will benefit from Upjohn's 1,400-strong sales force.

Sunday trading

The Sunday Trading Act has received the Royal Assent and will take effect from August 26 this year. Pharmacies are among shops allowed to open all day on Sundays for the sale of medicines.



UniChem's second Family Day trade show for 1994, held at Alton Towers, was attended by around 2,000 pharmacists and their families and 50 manufacturers. The UniChem stand took over £20,000 worth of orders

Business training takes pole position

Derby pharmacy managers are taking advantage of training grants to put them through the National Pharmaceutical Association's distance learning business course.

Six managers and their group's managing director, Barry Wilson, have secured grants from their local Training and Enterprise Council, which cover half of the costs. Normally, each of the four modules would cost £75 or £199 for the set.

If the managers successfully complete all four modules within the 18-month target, they will receive a cash bonus, says Mr Wilson.

The Derby team have already completed the first module (Marketing) and are about to start the second (Dealing with people) before moving on to Finance and Law.

• Another business training initiative involves an NPA-approved retail consultant offering his services to independents in the Midlands.

Again, a TEC grant has reduced fees for retailers, this time by three-quarters, to £300.

The fee covers a four-part approach, says Paul Ford, managing director of the consultancy, Retail Workshop.

There is an initial business review of the pharmacy, which covers everything from shop layout to selling skills. An action plan is then negotiated to correct any problems, with follow-up visits to check the progress. Running alongside this is a series of ten evening seminars held for up to 20 retailers at a time.

• Retail Workshop are also offering a series of one-day workshops on security for NPA members only.

These will be held on 29 days throughout the country at venues including Glasgow, Cardiff and Brighton.

Pharm-Assist under way

The Pharm-Assist series of evening meetings, sponsored by Bayer, has now kicked off.

The 40 meetings, which run until December, deal with customer relations and selling skills, with reference to the potentially embarrassing area of vaginal thrush.

For a list of dates and locations, contact AHA, OTC Management Consultants, 44 Elizabeth Drive, Belmont Park, Wantage, Oxon OX12 9YG. For pharmacists and

Essex wholesaler widens net

An Essex-based distributor hopes to provide national coverage by appointing a series of agents to sell its range of toiletries and confectionery into pharmacy.

David J Hart of North Weald, near Epping, plans to widen their catchment area after winning an exclusive UK importing and distributing deal for Grether's blackcurrant pastilles.

These will be sold into pharmacies alongside a selection of the company's other products including: the depilatory Bikini Bare, lipcare product Lipcote, Odal and Vademecum mouthwashes, Cameo make-up kits and Frisk breath freshener capsules.

Although the bulk of business (90-95 per cent) will flow through pharmacy, some will be sold to drugstores and perfumery outlets, as well as to department stores.

The company only operates in and around London, but a full

complement of agents would ensure nationwide coverage. These agents would be self-employed and would operate on a commission basis.

Agents in the following areas are needed: the West Country (up to the West Midlands), Scotland, Wales, the far north of England, southern counties (Kent, Sussex), the northern Home Counties (Hertfordshire, Buckinghamshire, Bedfordshire) and Yorkshire/Lincolnshire.

Agents have already been appointed in London, Middlesex, Cambridgeshire, Essex and East Anglia. At the time *C&D* went to Press, an agent was about to be signed up in Northern Ireland and one in Shropshire.

The business has grown from a tiny operation working out of half of David Hart's garage to a 250 sq ft business unit which the company has operated from since May this year.



Searle have been awarded "Investor in People" status by Thames Valley Enterprise for their commitment to staff development through training. Secretary of State for Health Virginia Bottomley presents Searle's general manager, David Doodson, with the plaque

Coming Events

assistants that cannot make the dates, distance learning packs are available.

Homoeopathic pharmacy courses

The Faculty of Homoeopathy is running courses in basic homoeopathic pharmacy in London and Glasgow.

The three and a half-day course will focus on dispensing and counter prescribing skills. Suc-

cessful candidates can join an intermediate course in 1995.

The courses are at the Royal London Homoeopathic Hospital and the Postgraduate Medical Centre, Glasgow, in September, October and November. Fees are £275 to include literature, remedy kit, refreshment and associateship fee. Details on 071-837 2495 or 041-339 2786.

Wednesday, July 13

Dudley and Stourbridge Branch, RPSGB, Sun Awareness meeting with Dudley Health Promotion Unit at Medical Services Centre, Corbett

Glaxo reshuffle

Glaxo have announced a series of boardroom level moves, just weeks after their chairman, Sir Paul Girolami, set his retirement date (*C&D* June 25, p1116).

Dr Franz Humer, chief operating director, will be responsible for group R&D, manufacturing and quality assurance, as well as the company's Latin American interests.

Sean Lance will be responsible for Glaxo's European operations: Neil Maidment will look after Asia Pacific, Africa and the Middle East; Robert Ingram will be in charge of the US and Canada; while Hiroshi Konishi will look after Japan.

They will all report directly to Sir Richard Sykes, Glaxo Holdings' deputy chairman and chief executive, when they take up their new posts, which take effect from August 1.

European analgesics

Sales of over-the-counter analgesics will grow healthily across Western Europe as governments use OTC status to cut healthcare costs, according to a Frost & Sullivan report.

The market, worth \$1.43 billion, is set to grow to over \$2bn by 2000.

In 1993, aspirin held a 37.1 per cent lion's share of the OTC painkiller market. Paracetamol achieved a 25.1 per cent share, followed by ibuprofen with 7.7 per cent, ketoprofen with 0.8 per cent and phenazone with 0.2 per cent.

The smaller shares of some of the analgesics reflect their limited availability, with ketoprofen, for example, only available over the counter in Italy and Finland.

The report forecasts slow growth for this sector because it is characterised by strong brand loyalties. For more details ring 071-730 3438.

Hospital, Stourbridge, 7.30 for 8pm.

Advance Information

International Frankfurt Fair, includes perfume accessories, August 27-31. For details, tel: (010 49) 69 7575 6364.

The British Institute of Regulatory Affairs is holding a training day on "Labelling and Leaflets" at the New Connaught Rooms, London, on September 8. For details, tel: 071-499 2797.

Society for Medicines Research is holding a symposium on "Schizophrenia" on September 15 in the Charing Cross & Westminster Medical School, London W6. Further details from Barbara Cavilla, SMR Secretariat, tel: 071-581 8333.

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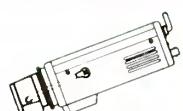
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TRADE LESS 15%+VAT - Genotropin 16iu, KabiVial multidose 3 cartridges. Tel: 0247 822130.

30X28 SINEQUAN 25MG - 25x30 Well-dorm tabs, 8x56 Largactil 25mg, 20x100 Alu-caps 6x30, Nolvadex 10mg, 13x100 Trasicor 80mg, 3x100 Trasicor 160mg, 16x30 Hollister 7164. Tel: 071-722 5221.

TRADE LESS 20% - 76 Sandimmun 100ml (exp 2/97), trade less 50% 250 Equanil 400mg (exp 9/94) plus others. Tel: 0352 752050.

TRADE LESS 50%+VAT+POSTAGE - 58 Grisovin tabs 135mg (exp 11/94), 20 Inderal tabs 40mg (exp 9/94), 25 Hypovane 2mg tabs (exp 7/94), 30 Corgard 80mg tabs (exp 7/94), 83 Hormonin tabs (exp 8/94). Tel: 081-684 1352.

TRADE LESS 40%+VAT+POSTAGE - Be-cotide Rotacaps 400mcg 1x100 (exp 8/94), 3x100 (exp 11/94), 2x100 (exp 2/95). Tel: 0594 542517.

TRADE LESS 30%+VAT - 20 Simpla S4, 30 Hollister 7328 urostomy drain tubes, 120 Hollister 7418 urostomy pouches. Tel: 0272 776941.

TRADE LESS 30%+VAT - 1x10 Conveen bags S175, 7x10 Conveen bags S150, 9 boxes Urotainer, sodium chloride, Filtered gauze swabs 10cm2. Tel: 0787 476646

TRADE LESS 50% - 60 Loxapac 10mg (exp 8/95), 90 Lim Bitrol 5mg (exp 7/95), 52 Clinoril 200mg (exp 6/96), 32 Anturan 100mg (exp 10/95), 28 Oruvail 100mg (exp 11/95), 16 Pepcid 40mg (exp 1/95), 44 Procainamide Durules (exp 1/95). Tel: 0532 645123.

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TRADE LESS 40%+VAT+POSTAGE - Newly acquired pharmacy has lots of popular excess stock. Tel: 0895 232876.

TRADE LESS 40% - Simplicity closed S11340 2x30, Simplicity drainable S10340 1x30 Colodress S807 1x30, Conveen sheaths S130 1x30, Conveen bags S170 1x30. Tel: 0222 465338.

TRADE LESS 25%+VAT+POSTAGE - 4x30 Faverin 100, 1x7x100ml Pentasa enemas, 3x20x2ml Pulmicort respules, 1x56 Frumil forte, 2x10x5ml Hypnovel and various insulin. Tel: 0742 361070.

EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

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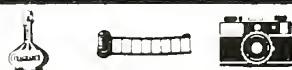


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About people

Popat rakes in another £11,000

Veteran fundraiser Popat Shah of Pharmco Chemist in Deansbrook Road, Edgware, has raised at least another £11,000 for charity in a ten-mile sponsored walk he organised around Potters Bar last weekend.

The first £5,000 raised will be donated to the British Diabetic Association, with the remainder giving a useful boost to the funds of the Oshwal Community Centre in Potters Bar.

Some 140 walkers sweated it out last Sunday to complete the course, but there were no casualties despite the high temperatures. Substantial support was provided by wholesaler Sigma Pharmaceuticals — the managing director and 24 members of staff putting their best foot forward.

Over the past 18 years, Mr Shah has raised nearly £230,000 for charity and has bought 20 guide dogs for the blind. Funds raised from last year's walk went to the local mayor's charity appeal. Although Mr Shah has nothing specific in mind for his next project, he says would like to help arthritis sufferers.

Northumberland bids farewell



Top table guests at the retirement dinner included (rear, left to right): PSNC secretary Stephen Axon; Dr Chris Robinson, chairman of Northumberland Health; PSNC chairman David Sharpe and (front) Mrs Jacqui Axelby, chief executive Northumberland Health; Gawin Dent, the new LPC chairman; and past chairman Derrick Melia

Northumberland Local Pharmaceutical Committee recently bid farewell to its chairman of 12 years, Derrick Melia.

Some 50 contractors attended the dinner which also had a distinctly political flavour, with guests from Northumberland Health, the new body formed by the amalgamation of the FHSAs and the DHA in April.

Although Mr Melia has had to step down from the LPC because

he is no longer a contractor — he was managing director of S Kirkup (Chemists) Ltd until the business was sold to Unichem — he will remain involved in pharmaceutical affairs. He has become the pharmacy member on Northumberland Health.

His successor at the LPC, Mr Gawin Dent, is delighted with the appointment. "We hope to continue to work closely together," he says.

Help for babies with hearing defects

Sponsorship from Milupa has meant that Europe's most advanced hearing unit has been able to open at Hillingdon

Hospital in West London.

Experts believe that as many as one in 1,000 babies are born with some form of hearing defect.



With premature babies, the figure rises to about 10 per cent.

In the past, the disability has not been diagnosed until two years of age, when little can be done to improve matters. Deaf infants face great difficulties in learning language.

Hillingdon has acquired a special auditory response cradle which can test the hearing ability of very young babies in the space of three or four minutes. A range of audio signals are transmitted and the baby's response — head turn, startle, etc — is measured by behavioural reactions on a computer.

The screening cradle (pictured left) is easily portable and fits in a standard size briefcase. So far it has been used to screen 26,000 babies.

Very small hearing aids are available which can be inserted when the baby is between three and six months of age.

Appointments

Mr L E (Paddy) Linaker has accepted an invitation to join the board of Fisons plc as a non-executive director. He has been deputy chairman and group managing director of M&G Group plc since 1987, and is a Fellow of the Chartered Institute of Accountants.

The College of Pharmacy Practice has appointed the following as officers for a two-year period: Dr John Farwell becomes chairman and Dr David Anderson vice chairman. Ian Sutcliffe is CPP secretary and Alan Crabbe the treasurer.

Lyndon Beardsley has been appointed national accounts manager for multiple retail pharmacy and drugstores at Kodak's consumer imaging division. He comes from Crookes Healthcare where he was account handler for Lloyds Chemists. Dawn Sutcliffe is appointed trade marketing manager for the chemist sector after experience within Kodak in planning, quality and marketing roles.

Alison Williamson has been appointed to the newly created post of commercial affairs manager at the Proprietary Association of Great Britain. Katy Fitzsimon is promoted to communications manager, while Gopa Mitra is now head of public affairs, whose responsibilities include the GP project.

Obituary

It is with deep regret that the Proprietary Articles Trade Association records the death of Claude Green on June 24 at the age of 83.

Claude was secretary of the PATA from 1965 to 1983 and returned again in 1986 to help out between secretarial appointments. He finally said goodbye to the Association in 1987 following a period serving as a consultant.

He was instrumental in helping guide the case for the Resale Price Maintenance of OTC medicinal products through the courts in 1970.

His friends and colleagues at the PATA express their deepest sympathy to his wife Marjorie and son Michael.

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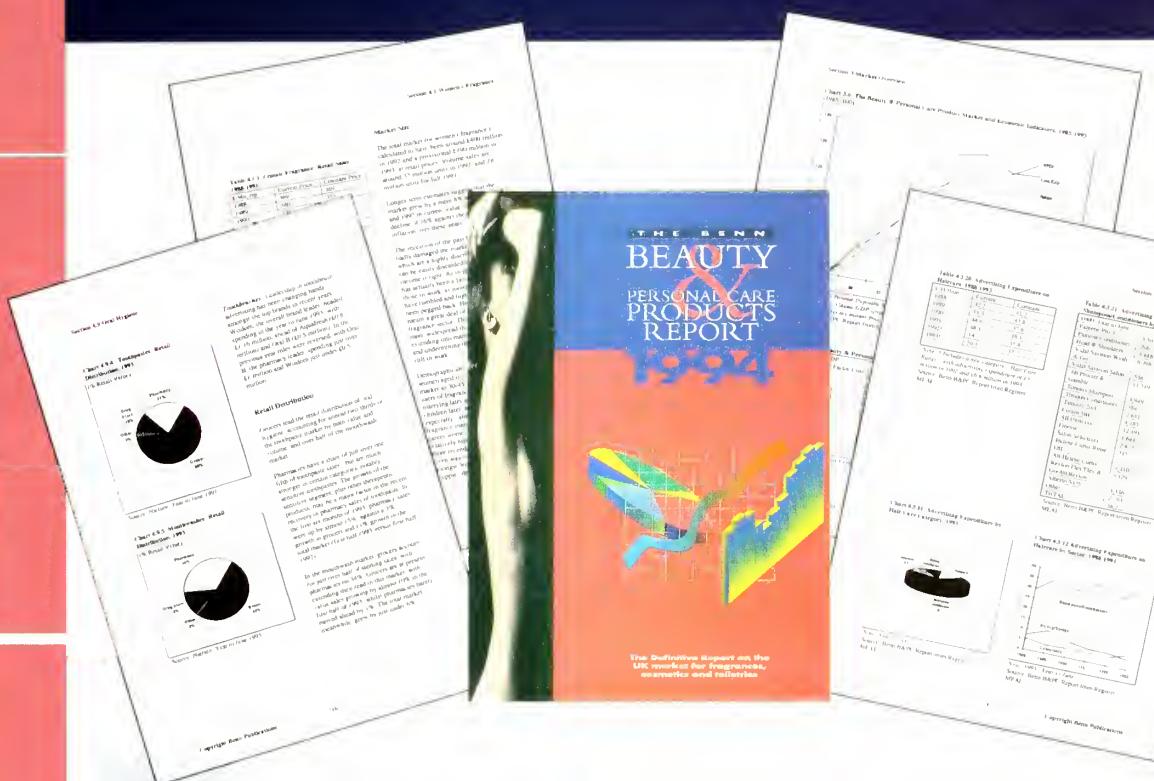
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